DEVELOPING LECTURER PRACTITIONER ROLES IN NURSING USING ACTION RESEARCH

by

GRAHAM RICHARD WILLIAMSON

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ABSTRACT

GRAHAM RICHARD WILLIAMSON

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The lecturer practitioner role in nursing is widely seen as offering hope for the future of nurse education, by overcoming the 'theory-practice gap', and establishing and maintaining effective links at many different levels between education and practice. It is clear, however, that there are a number of issues of concern about the role. These can be summarised as: lack of role clarity about overcoming the theory-practice gap; varying conceptions of the role and unclear job descriptions; and role conflicts and overload, from the conflicting demands of service and education settings

Despite current political support for strengthening the links between higher education institutions and practice settings, a new governmental emphasis on the support of students in practice, and a growing in-depth evaluative literature about the role, there is no research examining its systematic development, or measuring and addressing aspects of lecturer practitioners' occupational stress and burnout.

Initial project planning work found that lecturer practitioners perceived themselves as 'adding value' to education provision, with personal and professional gains for post-holders. However, their key concerns were: absence of role clarity; absence of effective joint review/appraisal; absence of formal support

In order to develop and address aspects of lecturer practitioners' work roles and their employment position, this action research project was established. Using a spiral methodological framework, and a multi-methods approach to data collection to triangulate the findings, new knowledge about lecturer practitioner roles was uncovered, and employment practices were developed as a result. The project established three new mechanisms, and these outcomes can be summarised as: joint appraisal policies and materials; orientation/induction policies and materials; group support network.

In addition, previously validated measures of occupational stress and burnout were used to measure those concepts in this group of lecturer practitioners, and the impact of the project. They were found to be generally no more stressed or burnt out than comparable workers, and the project was unable to demonstrate statistically significant differences in before- and after-scores. Synthesis of quantitative and qualitative findings indicates that these LPs were 'thriving rather than just surviving'.

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AUTHOR'S DECLARATION

At no time during the registration for the degree of Doctor of Philosophy has the author been registered for any other university award.

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2). IHS Satellite Television Seminar. 20/1/2001

3). Partners in Practice Conference, RCN. Eastbourne, 15/2/2001. Concurrent session speaker

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Signed ..... G R Williamson .....

Date ..... 8/3/2004 .....

CHAPTER 1: INTRODUCTION

In this introductory chapter, I begin by outlining the climate that surrounds the role of lecturer practitioner (LP) in the United Kingdom (UK), and the current national policy context in which this study takes place. I also offer an illustration of the expectations of LPs in their roles. I then go on to outline the study aims and design, methodology and methods of data collection and analysis employed, and the structure of the thesis.

Throughout this thesis, a lecturer practitioner is conceptualized, in line with Hollingworth's (1997:2) survey of the roles in England, as 'an individual who is accountable to a trust for service provision and to a university for education provision'. Within this, there is the expectation that LPs are senior and experienced nurses or midwives, with advanced skills in clinical practice, education, management and research.

It is essential that LP roles are evaluated and actively developed if they are to be effective and continue to exist. This thesis is an account of an action research project to develop aspects of LPs roles at one School of Nursing within a university faculty in the South West of England, and also examines and addresses the issue of LPs' occupational stress and burnout.

SECTION 1: CLIMATE AND CONTEXT

A criticism of existing higher education (HE) provision for nursing is the separation between those teaching the practice of nursing, and those actually practising it. This creates a so-called 'theory-practice gap' (TPG), which it is suggested that LP roles can overcome. There is some debate concerning the exact nature and consequences of the TPG, and the full extent of the problem is not clear. It is argued that there are in fact benefits in a 'dynamic tension' between theory and practice for research and teaching (Rafferty et al,

1996), and calls for a change in the current position where 'theory' controls practice, to one where practice is used to generate theory in an informal and praxis-based approach (Rolfe, 1993; 1997). It is therefore appropriate to consider alternatives to the current situation of 'distance' between two settings that ought to be working together more effectively. This study shows how this was attempted at one English School of Nursing within a university faculty.

LP roles are not new, having been established initially in the UK in the 1980s (Hollingworth, 1997). However, the political climate and policy context are currently extremely favourable for them. There are explicit calls by government to expand the numbers of LPs in order to support pre-registration students. For example, 'Fitness for Practice' (UKCC, 1999) sets out a major restructuring of pre-registration education, with an emphasis on practice skills and practice support, saying that it is currently not clear who is responsible for learning in a practice context, with purchasing consortia often not considering whether universities and trusts are able to meet the contracts they instigate. 'Fitness for Practice' urges that universities and trusts resolve the issue of ownership for practice-based education, particularly the number and quality of placements, responsibility for student support, quality monitoring, and outcomes. Whilst LPs are one option to strengthen links between education and practice, it is noted that they are frequently not teaching pre-registration students, and that a better definition of the role is required. 'Fitness for Practice' recommends that the numbers of joint appointments and secondments be increased so that students have access to expert teachers and practitioners.

'Making a Difference' (Department of Health, 1999) calls for a strengthening of pre-registration education, with better teacher support and increased status a priority. The movement of nurse education into higher education institutions (HEIs) is described as 'very positive' (p 23), but newly qualified nurses frequently do not have adequate practice

skills. In order to address this, more practice-based teaching is required, and it is important that those with relevant experience of practising nursing teach nurses. 'Making a Difference' also makes explicit the need for more joint appointment and LP posts, linking these to the new consultant nurse posts as a career pathway.

The recently established consultant nurse role has an explicit remit to keep senior and experienced clinical nurses 'at the bedside' (Moores, 1998), with additional responsibilities for expert practice, professional leadership and consultancy, education, and research and development (Guest et al, 2001). Preliminary evaluation found that the role was busy and ill-defined, but seemed to give post-holders license to work autonomously, and to innovate (Guest et al, 2001). The relationship between LPs and consultant nurses is still not clear, but it is likely that both of these roles could become elements in an emerging 'clinical academic' career pathway, giving nurses the opportunity to move between practice and education settings without abandoning clinical practice (UK Council of Deans, 1999; Andrewes, 2002). This would maintain their academic and clinical expertise, each without detriment to the other. The current position, in which experienced clinical nurses are required to choose between a clinical career and an academic career pathway, is deemed untenable (UK Council of Deans, 1999)

SECTION 2: STUDY AIM AND DESIGN, METHODOLOGY AND METHODS OF DATA COLLECTION AND ANALYSIS

The aim of the study was to develop aspects of LPs' work roles at one School of Nursing in a university faculty in the South West of England, using an action research methodology based on the theoretical framework of McNiff and Whitehead (2002). This involved a process of planning, acting, reflecting, planning again and observing for change, with multiple cycles of this structure. This flexible framework allowed for the maximum input of ideas and experiences during the project work. Within this spiral framework, a

collaborative group approach (Titchen and Binnie, 1993a&b) was taken, with myself (GRW) as researcher, collaborating closely with two LPs from the School, with widespread participation from other LPs, and senior university and trust personnel.

A multi-methods approach to data collection was used, with qualitative data collected in focus groups, meetings, and through reflective diary accounts, and quantitative data on LPs' occupational stress and burnout collected by questionnaires. For this quantitative element, the broad research questions were 'How does these LPs' occupational stress and burnout compare to other workers?', 'Do LPs' biographical data have measurable impacts on their occupational stress and burnout?' and 'Does taking action on LPs' occupational stress and burnout have a measurable impact on these concepts?' There was comparison of LPs' biographical data with norm reference data, and four null hypotheses were constructed to test correlations between LPs' biographical data and their occupational stress and burnout. Two further null hypotheses were constructed to compare data from before and after the project to assess its impact. Findings from the quantitative and qualitative paradigms were triangulated to give depth to the findings, and to illustrate aspects of each element.

SECTION 3: STRUCTURE OF THE THESIS

Following this introductory chapter, chapter two is entitled 'Literature review of lecturer practitioner roles'. There, I give a detailed discussion and analysis of the literature on lecturer practitioner roles. This literature sets the study in context, and indicates that there is a consensus that LP roles are valuable for UK HEIs, a small body of evaluative research literature on the roles, but also a clear need for their systematic development. No studies have yet attempted this systematic development of LPs roles, and none have attempted to measure and address LPs' occupational stress and burnout, as this study does.

In chapter three, called 'The methodology of action research', I take a detailed look at the literature on action research (AR), beginning with a discussion of the methodological background to AR to demonstrate that this study is grounded in appropriate and robust theoretical foundations, and that AR is an effective methodology for achieving change and generating new knowledge. In particular, I outline the criteria by which this study is to be judged for success, examine the diversity of AR as well as its application to nursing and health care research, and the political and ethical implications of doing AR in one's own organization (Coghlan and Brannick, 2001).

'Methods of data collection and analysis' is the title of chapter four, and here I discuss in detail my approach to these issues: this study uses a multi-method approach, with qualitative and quantitative data collected and analysed. I discuss aspects of my use of focus groups as a data collection method, documentary sources to record data from meetings, and reflective diaries. Null hypotheses concerning LPs' occupational stress and burnout are also constructed, and I discuss the use of questionnaires and my statistical treatment of the data collected by them, and the strategy employed to triangulate the findings from these paradigms.

The next chapter, chapter five, is entitled 'The action research project', and here I give a full description of the findings from the two paradigms. These are discussed in two sections, the first of which examines the qualitative elements of the study, using McNiff and Whitehead's (2002) spiral methodology. The study developed as two distinct spirals, the 'initial project development planning' spiral and the 'institutional acceptance' spiral, and this chapter illustrates these. The second section of this chapter discusses the quantitative findings from the questionnaires, in descriptive and inferential elements. The findings from the before- and after-project questionnaire data are presented last.

'Discussion of the project findings' is the title of chapter six, and here I discuss the implications for researchers and participants in AR in the light of this study, addressing aspects of rigour in the work in the context of arguments presented in chapter three. I then discuss and synthesise aspects of the qualitative and quantitative elements of the work, in the context of the UK literature on LP roles outlined in chapter two, and with reference to the literature on occupational stress and burnout

In the last chapter, chapter seven, called 'Conclusions and recommendations', I draw conclusions based on the study in relation to action research, data collection, LPs and the study School. I also make a series of recommendations based on the study for AR, LPs, the School and future research.

CHAPTER 2: LITERATURE REVIEW OF LECTURER PRACTITIONER ROLES

INTRODUCTION

In this chapter, a detailed discussion and analysis of the literature on lecturer practitioner roles will be presented, to set this study in context, and to support the argument that whilst there is a small body of evaluative literature on the roles, there is a clear need for their systematic development.

An electronic search of the CINAHL database revealed a great deal of interest in the concept of lecturer practitioners, and a small amount of research: the key words 'lecturer practitioner' generated 51 citations in the UK, in English, since 1982, of which only seven were research studies. The others were conceptual analyses, discussion pieces, or personal accounts of individuals' experiences, or views of the role. In addition, four further research reports that did not appear in the CINAHL search were identified from conference attendances, and these have been included. The following discussion is divided into three sections: the theory-practice gap and the LP role, conceptualizations and examples of the LP role, and research studies of LP roles. Several papers are cited in one section and discussed more fully in another. All the relevant papers are included in the 'research' section, and these are discussed in chronological order. In the other sections, selected pieces are used to illustrate such work. The chapter is concluded with discussion section.

SECTION 1: THE THEORY-PRACTICE GAP AND THE LP ROLE

Early work by Lathlean (1992:238) reviews the long history of the 'ideological differences between school and service', meaning that students were ill-prepared for the reality of work after qualification. Clinical teaching roles and joint appointments are discussed as influences in the evolution of LP roles, the intention of which was to overcome the TPG,

value nursing practice, and become an integral part of a new system for managing practice and facilitating nurse education.

The TPG stems from teachers who are far removed from practice and practitioners who do not know about theory that could inform their work (Cave, 1994), and, potentially, LP roles can overcome the TPG. However, the posts may not be suitable for teachers who may lack recent practice experience, potentially leading to divisions within nurse education similar to those between clinical and other teachers.

The TPG in nursing is a 'problematic, even embarrassing sign of failure within education, practice and research', which is persistent and resistant to attempts at closure (Rafferty et al, 1996:686). Paradoxically, it offers a tension essential for change in clinical practice, and must be seen in the context of political and organizational factors preventing nurses from carrying out change. Rafferty et al argue that explanations of the relationship between theory and practice are inadequate, and that the LP role is the latest in the long line of attempted solutions to the TPG to have evolved alongside a more sophisticated understanding of it, which combines knowledge with authority in one post. They conclude that the TPG is inevitable and healthy, saying that 'attempts to seal the theory/practice gap are completely doomed to failure' (p688).

Similarly, Hewison and Wildman (1996) argue that the TPG is long-standing and pervasive, and that there is an inherent separation between the humanistic values of nurse education and the new managerialism evident in the National Health Service (NHS); the time to close the gap has passed. They discuss joint appointments as a method for bridging the TPG, and how this concept informed the establishment of LP roles, creating 'a practitioner with input in both settings [who] could work to ensure the fusion of theoretical knowledge and practical experience for students' (p747). They note that the demands of

the role are great, with post-holders struggling to fulfil the demands of the two 'halves' of the job.

Bournemouth University's attempts at reducing the TPG and valuing nursing practice include the introduction of a web of links: academic secondment to practice environments and trust projects, associate lectureships and honorary appointments for trust employees, and LP and research practitioner roles (Wilson, 1999). These roles' potential for closing the TPG is also discussed by Glen and Clark (1999) and Shepherd et al (1999: 373), who identify them as 'a liaison role between the college and the community'. Dearmun (2000) speculates that LPs can potentially help newly qualified staff nurses with their role transition, because they are senior and experienced figures with educational experience, and Camsooksai (2002) widens this debate by illustrating how LPs might be effective in interprofessional education, because they are likely to be clinically up-to-date, with good awareness of the contribution of clinical nurses.

Recent work highlights a new dimension in the TPG (Upton, 1999), namely how it inhibits the implementation of evidence-based practice (EBP). Upton outlines the current preoccupation with information grounded in research, cost-effectiveness and quality assurance, and how the separation of nurse education from the NHS contributes to the gap. She argues that the LP role was intended to be a solution to the TPG experienced by students, and believes that having LP roles in clinical areas will help to introduce evidence-based practice by a role modelling effect.

The theme of LPs developing EBP is taken up elsewhere: Harvey et al (2002), and Newman et al (2001) argue that facilitation is crucial in establishing EBP, and that LPs are well-placed to act as unit-based facilitators. Similarly, Thompson et al (2001) found that a key concept for nurses' research utilization was the human sourcing of information:

dissemination of research products was likely to be more effective through trusted and respected clinical colleagues, rather than text or electronic sources. Wright (2001) is more specific about the LP role, saying that a key element is to disseminate research findings, thus reducing the TPG.

SECTION 2: CONCEPTUALIZATIONS AND EXAMPLES OF LP ROLES

Credit for introducing the concept of the LP in published literature goes to Vaughan (1987) whose short paper argues for a new approach to nurse education, with LPs established to teach the theory and practice of nursing, maintain standards and develop policies in the clinical area, and prepare and contribute to the educational programme of students in specific clinical units. This new role was to be invested with various other responsibilities, including clinical leadership, professional development of qualified staff, and maintaining communication links outside the unit. The educational focus was to be concerned with planning learning objectives and students' experience in the unit, and arranging students' assessments, in conjunction with the course committee. Thus the original concept of the LP role was focused almost entirely on overcoming the TPG in individual practice areas, with LPs envisaged as occasionally teaching outside their own clinical area when there were no students on placements. The role is discussed as an extra to the current unit establishment, working alongside the existing ward sister, in an environment where primary nurses supervise students on a day-to-day basis. The LP would also require secretarial and administrative help in order to cope with a busy and demanding, but exciting, new role. This investiture of authority and responsibility for education and practice is well summarised by Vaughan in a later discussion piece (1989:52), where she states 'the LP ... sets the policies and styles of work organization, develops the staff and has authority for such things as the skill mix within the budget. She is a clinical expert who acts as a consultant for the other practitioners ... [and] also has responsibility for teaching both the theory and practice of nursing *within the clinical setting*' [my italics]. Educational

responsibilities outside the unit would include some input into curriculum design, in conjunction with other nurse educators.

The need for support by staff at all levels, and the requirement for periodic re-registration make all nurses into learners in some sense, according to Woodrow (1994a). He says that the LP role addresses these issues, but that concepts of the role are frequently confused, with a daunting freedom for post-holders to develop their roles as they choose. LPs may be abused as a 'pair of hands', but more usually give a 'logical link' (p573) between education and clinical practice, role modelling clinical excellence and maintaining clinical credibility. Thus, LPs' qualifications should reflect their need to be both professional practitioners and professional teachers, requiring different skills from the classroom tutor because of their differing roles (Woodrow, 1994b). He also notes (1994b) that there are several possible sources of conflict within LP roles, primarily because they work for two organizations.

Discussing LPs in learning disability nursing at Oxford Brookes University (OBU), McNally (1994) argues that they have a clear accountability for their practice, are leaders of services, and foster reflective practice, and this view is supported by Rhead and Strange (1996). Knight (1992) discusses Stockport, Tameside and Glossop College of Nursing's planning for LP roles similar to the OBU collegiate model, linking the LP role to that of an existing 'specialist tutor'. This vast role is described as a potential source of burnout. She says that her success in the role required support from education and practice staff, and being allowed to develop the post in a flexible manner. She believes that it is essential that managers set realistic goals, and concludes that the LP role 'can be developed to become a focus for the academic face of clinical nursing and as such will raise the profile of nursing practice' (Childs, 1995: 52).

Five elements emerge from Fairbrother and Ford's (1998) literature review. These are: the need for LPs, their origins, and the development of the role, the debate surrounding academic credibility, and the 'current situation' for LPs. The first element, the need for LPs, is concerned with LPs bridging the TPG. Regarding academic and clinical credibility, the title implies a dual function – lecturing and practising – but the precise division of responsibilities is rarely clear, and by implication the LP requires credibility in both fields: this is problematic in the same way that it was for clinical teachers and joint appointments, where clinical practice had lower status than teaching activities (Fairbrother and Ford, 1998). Better support for LPs is essential, and:

> 'the issue of how to prepare individual lecturer practitioners must be addressed. If it is not, then the potential ... for uniting theory and practice within nurse/midwifery education will be lost' (Fairbrother and Ford, 1998:279).

Rigby et al (1998) discuss the establishment of an LP role in mental health nursing, saying that the separation of theory and practice is detrimental to the development of clinical nursing, and outlining how the LP role discussed in their article was set up to facilitate practice development. The post-holder carries a caseload, but acts primarily as an educational resource, noticeably strengthening links between the practice area and the local university. Similarly, Gould and Crooks (1996) describe a one-year LP project in a mental health unit in Scotland, where there was a need for better links with the local university, and a commitment to pre-registration student education. The post-holder maintained a 0.6 clinical role, with two protected sessions for pre-registration student support, and some limited educational work with staff nurses: appointing an experienced nurse from within a particular unit, and allowing them to use existing teaching and facilitation skills was productive, because the LP was already established as a unit staff member.

In her concept analysis of LP roles, Elcock (1998) notes that there is no single accepted definition for the LP role, and although lecturing and practice components are common, other roles and responsibilities are less clear. She discusses five key concepts from the

literature. These are: implementing LP posts, the qualities associated with the role, the qualifications required for the posts, the roles undertaken by LPs, and the outcomes of the post. On implementing the role, Elcock says that being supernumerary to staffing establishments is important, with flexibility required to suit local needs. The commitment of managers is important, as is a clear understanding between service and education managers. The qualities associated with the role are that LPs should be expert practitioners and have excellent interpersonal skills. LPs should be graduates, preferably with Master's degrees in a nursing or related subject. Their roles are diverse, complex and unique to each post, but there is agreement that LPs should have some direct patient contact, and usually a staff development role. There is also an assumption that LPs would be clinical change agents, with teaching roles, and would inform curriculum planning.

For Elcock, the likely outcomes of LP roles are an improvement in the quality of patient care and a strengthening of the links between education and service. The problems associated with it are that it is a huge role, difficult to sustain for a long period of time, with burnout a real possibility.

Fairbrother (2000) believes that LPs' roles and responsibilities are, rightly, unique to the individual clinical area. Rather than ask for a job description, LPs should ask 'if the clinical manager and the university manager have talked to each other and agreed what they want the post to be, before the advert appears in the press, for the post?' (p2). Like Lathlean (1992), she concludes that whilst the LP role was instigated to reduce the TPG for pre-registration students, frequently LPs do not work with them, either not seeing this as their responsibility, or working with post-registration students. This is supported by Fairbrother and Ford (1997), and by Day et al (1998).

SECTION 3: RESEARCH STUDIES OF LP ROLES

Lathlean's (1992) small ethnographic study of LPs found that participants did not see their role as being primarily about bridging the TPG. Instead they were conscious of their joint roles in education and service. Their work activities reflected this, and they were concerned primarily with enhancing patient care and providing good role models for students and qualified staff, with some use of research. However, LPs gave some examples of the structural integration of theory and practice. LPs had an educational remit and so were expected to take part in curriculum development, were concerned with the facilitation of students, and with organising students' experiences in their clinical areas. Through ward-based reflective tutorials, they helped students to bring together theory and practice by encouraging students to read, and then try things out for themselves.

Elsewhere, Lathlean (1996a) discusses more fully the establishment and development of LP roles within a new undergraduate nursing and midwifery programme, with clinically-based LPs working alongside university-based lecturers. Using a longitudinal ethnographic approach over a five-year period, supplemented by a questionnaire survey, Lathlean attempted to understand the role and trace its development, as well as assess the impact on others in the system such as students, managers, staff nurses, and other educators. Lathlean (1996a) outlines three findings of the study. These are, firstly, the extent to which the role is viable as a substantially different one from others to warrant continuation, secondly, the role played by LPs in relation to student learning, which she discusses (1992) as limited for pre-registration students but more developed for those post-registration, and thirdly, how LPs addressed the TPG. This latter finding was concerning for Lathlean (1996a) as, although a prominent idea in the literature and a motivation for setting up the LP posts, it was unclear from her ethnographic work to what extent LPs engaged in such activities. After two years of the study 'it was difficult ... to understand how lecturer practitioners were providing a solution to the so-called theory-practice gap' (1996a: 42).

'What makes an effective LP?' was the question asked by Jones (1996). She attempted to answer it by interviewing 29 people from around the UK, six LPs and a variety of senior trust and education managers, using a repertory grid technique for triangulation. Her respondents had no preferred model for LP roles. They believed that the minimum qualifications required were a diploma in nursing, a recognized educational qualification, and ward management experience. As the role is complex, the person needs a mixture of skills, including stamina, flexibility, assertiveness, empathy, and good organizational skills. Key responsibilities include education, service management, and communication between education and service. Support was identified as extremely important, with a national support structure recommended.

In reviewing the role for OBU, Hemphill et al (1996) noted that it was originally intended to facilitate a 'true integration of theory and practice' (p2). Instigated in 1988, post-holders had responsibilities for practice, education, research and management. Seventy LPs were employed at different grades and with differing responsibilities, working for the local trusts and OBU. Interviews were conducted with ten LPs and senior trust nurse managers, and the following issues emerged: LPs believed that their joint employment by two organizations was problematic, with pay and grading inequities, little clarity regarding who was responsible for appointment and appraisal (university or trusts), and a sense of not belonging to either organization. There were concerns that the LP role did not meet the expectations of either OBU or the trusts, coupled with role conflict and stress for the LPs. Even within this setting, there were four differing interpretations of these roles' elements: authority and clinical management, senior nurse/unit manager, a collegiate role (sharing the workload of senior managers but without budgetary accountability), and the advanced/specialist practitioner, with a community-based caseload.

Fairbrother and Ford (1997) note the LP role's great potential, but state that it is not yet fully established, and that its real value is reduced by a lack of role clarity. They surveyed LPs, their university and higher education managers in the Trent region, and found that the key intended outcome of the posts was to enhance the relationship between the trust and the university. However, no systematic evaluation of the role took place. The LPs surveyed reported two problematic themes: role clarity, and 'being pulled in two directions'. Regarding role clarity, LPs said that expectations about what they should do were rarely made explicit, and there was frequently little agreement between the two managers about what they wanted from the post. Being pulled in two directions was the result of unclear role definition, meaning that there were competing demands on their time from trust and university. As their roles were inadequately evaluated, it was thought difficult to convince purchasers of their value.

Hollingworth's (1997) survey of nurse chief executives and LPs examined the roles in England, finding that they became popular in the 1980s to bridge the TPG. She used the definition 'an individual who is accountable to a trust for service provision and to a university for education provision' (p 2), and found that 42% of trusts had LPs (262 posts). They were typically employed by the trusts and seconded to universities on permanent contracts, with a wide range of grades and responsibilities. LPs were nearly all senior and experienced staff, aged from 31-49 years, with a high level of qualifications. They believed that their role made a positive contribution, but the impact of having two masters, and effectively two jobs, was significant. Hollingworth concluded that the role is appropriate, but a lack of recognition has inhibited acceptance, and the benefits of posts have not been demonstrated or quantified.

In her qualitative research in the private sector, McGee (1998) discusses the impact of the implementation of four LP roles (defined as a senior nurse with teaching and practice

roles). She found two main themes, firstly concerning the benefits of the new roles, and secondly regarding the promotion of research-based practice. The benefits identified by nursing staff were that the LPs facilitated staff development, and this influence pervaded the whole hospital. The private sector company benefited mainly in the area of cost reduction, as in-house provision was cheaper than purchasing education from outside. On the second theme, research-based practice, LPs clearly identified this as a key responsibility (a major part of recent company initiatives for changing practice) on three levels: the communication and interpretation of research, the application of findings to practice, and conducting research.

A study in the Trent Region (McCrea et al, 1998:12) sought to 'carry out an in-depth evaluation of the impact of the LP role in closing the gap between theory and practice, specifically in relation to student nurse education'. The findings were similar to those of Lathlean (1992), in that many LPs did not consider working with pre-registration students to be their role, seeing it instead as a role for ward-based clinical staff. Most LPs worked more frequently with post-registration nurses. Instead, LPs saw their roles as about 'influencing training', the academic curriculum and the practical experiences undertaken by pre-registration students, rather than directly providing these. McCrea et al's work identified the TPG as existing, but LPs attempted to address this not by increased contact with individual students, but by 'link' activities, involvement in curriculum planning, and role modelling. Staff whose teaching reduced the TPG were discussed as having a positive impact on students' behaviour, boosting confidence, increasing communication skills and reducing nervousness. McCrea et al also found that LPs identified the role as busy, having role conflicts between the universities and the trusts, and problems with access to students in practice. The LPs suffered from lack of support and evaluation from managers, meaning that LPs could only assume – rather than demonstrate – that they were achieving objectives and being effective in their jobs. A key recommendation from McCrea's work, therefore,

was that there should be regular meetings between university and trust staff, and LPs themselves 'to explore quality problems that cross departmental barriers' (p.*v*), to improve the communication and understanding between service and education settings.

Using semi-structured interviews in a community setting, Shepherd et al (1999) present case-study material on 'community facilitators', who liaise between university and trusts, providing preparation for students on clinical experiences and assisting in relating theory to practice. Participants reported a lack of communication between the institutions, and so establishing and maintaining personal relationships and contacts in the university and trusts was an essential part of the role. The LPs also championed the need to stay in clinical practice, doing 'hands-on' care in order to be effective. This enhanced their clinical credibility, and allowed them to link theory and practice in discussing theoretical ideas about patients in practice settings with students. The LPs also had input in preparing staff to supervise students, particularly in decoding and understanding the curriculum and its theoretical content. They saw their roles as complementary to, rather than as a replacement for, the university lecturers that they worked with. However, the conflicting demands of elements of LP roles (described by these LPs as being a 'nurse, teacher and student' simultaneously; p381) were potentially stressful, emotionally and physically demanding, and were exacerbated by working between two very different systems in the two organizations, and by caseload and staffing pressures. Shepherd et al conclude that developing small teams of LP facilitators may be useful in bridging the gap between practice and education, and that a tool to evaluate the effectiveness of LPs roles is required.

Driver and Campbell (2000) discuss their comparative study, aimed at finding out whether nursing diploma students could recognize a difference between the classroom teaching of LPs and university-based senior lecturers (SLs). They used existing Likert-scale module evaluation questionnaires and, based on a literature review on LP roles and discussion with

colleagues identified the statements that corresponded with a 'teaching' contribution to students' learning. They then tested questionnaire responses for statistically significant differences between students taught by LPs, and those taught by university SLs, subsequently testing their new scale for internal consistency using factor analysis. Their findings revealed that students perceived LPs to make a more significant contribution in terms of 'crossing the theory-practice gap' (p297) than the SLs. Also, they found that there was a statistically significant difference between perceptions of what SLs and LPs delivered in the classroom, with LPs delivering material that better applied theory to practice. Driver and Campbell triangulated these findings with qualitative data, and found that these supported the statistical analysis, which, they argue, means the study findings are credible. In particular, the qualitative data showed that students identified 'realism' (p298): LPs brought real situations and experiences into the classroom, and because they were more in touch with clinical practice. This realism was favoured by students, and contrasted strongly with SLs' taught material. Although clear about the limitations of their research in terms of its small sample size, lack of experimental rigour, and convenience sampling, Driver and Campbell argue that

> 'the LP provides students with the potential for testing values and ideas relating to the delivery of practice ... [facilitating] liberation from the classroom-based purveyors of nursing fundamentalism' (p299),

with clear advantages of the LP roles for students in bridging the TPG. They set up a dichotomy between two 'camps' in the debate about the future of nurse education – those who argue for increasing academic attainment, and those who argue the need for more practice-based teaching – saying that LPs can successfully satisfy the demands of these two camps.

In their qualitative research with LPs and their managers, Redwood et al (2002) discuss the LP role's potential for overcoming the TPG, and that clinical governance requires organizations to take an effective and systematic approach to professional development.

They found that despite prior planning, successful LPs were required to continually negotiate the challenges and expectations presented by their roles. A 'bridging function' between the two organizations (p20) was paramount, and although LPs reported a positive and fulfilling role, management structures were not flexible enough to accommodate their needs. Redwood et al found that 'emotional intelligence' (p20), or 'using emotions to guide behaviour and thinking' (p31), was a key attribute in managing their role ambiguities, time and workloads. Other interpersonal skills included expertise as a practitioner, leadership skills and the ability to manage a workload with political acumen. However, despite reporting busy and diverse roles, the ten LPs in this study were against the imposition of a standard model of working. Key areas in facilitating their role were clarity regarding the purpose of the LP post within the NHS trust and university departments in which they worked, and a concurrent understanding amongst colleagues on both sides. Addressing these issues would improve the support they received in the roles. Despite a dedicated university manager, and two-monthly review meetings in the university with this manager, LPs reported that they were not entirely understood by colleagues in the university part of their jobs. However, joint job descriptions, appraisals and objective setting between the organizations ensured that the LP role was perceived as an integrated one, and 'facilitated an overall clarity of purpose mitigating against the potential threat of role conflict and work overload' (p 33).

Redwood et al do not clarify the extent of clinical contact with pre- and post-registration students, but LPs did teach both groups in the university, and took leadership roles in developing curricula in this setting. They were also involved in leading work-based education in the trusts, and in practice development projects, often working closely on these activities with colleagues from other professions. LPs were thus instrumental in maintaining the currency of curricula in both settings, and maintaining multi-level links between the university and the practice areas. These links were based on their clinical

credibility. LPs were skilled at linking theory and practice (particularly in EBP) in classroom settings for students, and by extension in the practice setting. This is discussed as embodying collaborative knowledge for effective practice, rather than the personal acquisition of knowledge embedded in traditional notions of professionalism and academia.

SECTION 4: DISCUSSION

Of the 51 CINAHL citations since 1982, there are seven research studies, with a further four research reports identified through conference attendances. When the numbers of LPs involved in these studies is added together, 171 LPs have taken part in some form of evaluation of their roles. Assuming that Hollingworth's (1997) figure of 262 LP posts has remained broadly representative in England, 65% of LPs have given their views on the role in published accounts. However, this figure includes 83 respondents in Hollingworth's questionnaire survey, and this did not examine the role on any depth. If these 83 LPs are excluded from the figures, 88 LPs (34%) have participated in in-depth evaluation of their roles. There are obvious limitations of this crude calculation of percentages: Hollingworth's study reported the numbers of LPs for one period of time only, and there are no further studies of this nature from which to obtain a more recent estimate of the number of LPs, whilst the total figure for 171 LPs participating in research studies is derived from studies of LPs reporting findings over a ten-year period. However, acknowledging these limitations, it seems that possibly one-third of LPs have taken part in some form of in-depth evaluation of their roles.

This literature review demonstrates that since the 1980s, LP roles have grown in popularity, becoming an established employment practice across the UK, although there is no clear idea of what post-holders actually do, or indeed should do, on a daily basis. Conceptually, there is no single model for LP roles in the literature, but being an LP

involves the dual functions of lecturing and practising (Fairbrother and Ford, 1998). That LPs tend to be seconded from clinical roles in trusts to take on teaching roles in local universities (Hollingworth, 1997) is interesting because this was not part of Vaughan's (1987; 1989) original ideas for the role.

The LP role offers good opportunities for personal and professional development, and to develop a network of links in the local university (Woodrow 1994a&b; Rigby et al, 1998), but this rests in part on their ability to come out of the clinical area, and experience new challenges and a new culture in university departments. Here, they are frequently able to develop a new portfolio of teaching and assessing skills, as well as contributing to the development of new modules and other aspects of the curriculum, and to establish and maintain new links between trusts and universities. These aspects of the role benefit LPs and their trusts, by having input into designing up-to-date and clinically relevant education provision (Redwood et al, 2002), and universities, which obtain clinically credible (and frequently cheaper) teachers with up-to-date clinical knowledge. The role also helps students, who appreciate and benefit from teaching that bridges the TPG (McCrea et al, 1998; Driver and Campbell, 2000).

However, paradoxically, this off-unit responsibility also appears to be at the root of many of the problems that LPs encounter. If indeed little emphasis is placed on the support of students (Lathlean, 1992; McCrea et al, 1998; Fairbrother, 2000), it is possible that an LP with a 50% time commitment each to a university and a trust simply does not have time to be involved with individual students in the workplace, but only to work occasionally with those placed in their own units, and this is likely to be exacerbated by the increase in student numbers in recent times (Department of Health, 2001). Even if it were possible for LPs to conduct 'clinical visits' in order to support or supervise students, it is likely that little of value could be achieved away from the LP's own clinical area in an unfamiliar unit

(Williamson and Webb, 2001). Thus where LPs have extensive teaching commitments to universities, their relationship with students becomes altered substantially from Vaughan's (1987; 1989) original conception, as they take on an extra teaching role, which cannot be sustained in practice. Rather than fulfilling a role in the clinical area involving teaching, role modelling and developing students' practice skills, and linking these with theoretical knowledge, they take on formal university lecturing commitments. Therefore, if LPs do not overcome the TPG, or do not see it as their responsibility (Lathlean, 1992, 1996a; McCrea, 1998), it is likely that this is because they have been drawn out of the clinical area and into formal university teaching in a way that was never intended by Vaughan (1987; 1989) when she proposed that LP roles be unit-based. Thus it seems that many LPs nationally have become part-time HE teachers (Hollingworth, 1997).

As nurse education provision has moved out of the NHS and into universities, a physical gap has opened up between clinical areas and nurse education, as well as a TPG, and this physical separation (Upton, 1999) has made nurse educators more acutely aware of the TPG. In an attempt to rectify this, the LP role has grown and become firmly established, but this has led to LPs teaching in universities, and has made it, paradoxically, more difficult for them to actually overcome the gap. Although their contribution to curriculum currency (Lathlean, 1992; McCrea et al, 1998) is enormously valuable, and means that they can have an impact in overcoming the TPG in terms of the theoretical content of modules, their formal university lecturing role has made it more difficult for them to make a difference in the practice setting, as they are simply not as visible and as available in individual clinical areas as Vaughan planned.

This physical separation from the practice area also has an impact on LPs' stress and burnout, because it is the root cause of LPs' reported role conflict. That LPs can experience stress and burnout is suggested in the literature (Childs, 1995; Hemphill et al, 1996;

Shepherd et al 1999), and it stems from the conflict they experience in trying to juggle the competing demands of two different organizations. LPs report that they feel torn between their two roles, and that these are difficult to resolve even with well-developed time-management skills, emotional intelligence and political entrepreneurship (Redwood et al, 2002). As the two organizations are so separate, with very different cultures, pressures and ways of working, LPs have greater needs for support and sensitive management than other staff, and this is frequently lacking (Fairbrother and Ford, 1998). Even where clear and well-developed management arrangements exist, LPs still report an unsettling lack of understanding of their roles (Redwood et al, 2002). Moving seamlessly between two different organizations is thus potentially stressful, and is exacerbated by temporary contracts, lower pay and status than university teachers, and the role being under-resourced. Vaughan did not envisage LPs' separation from existing colleagues, clinical workloads and support networks in her early discussions of the role.

There are numerous definitions of the term lecturer practitioner (Elcock, 1998). This is reflected in a lack of clear job descriptions for role occupants (Woodrow, 1994a), and is symptomatic of their *ad hoc* national development. That LP roles are frequently not systematically evaluated (Fairbrother and Ford, 1997) underlines the lack of planning that post-holders experience, but is surprising in a healthcare culture increasingly driven by managerial priorities and financial imperatives. Also, although the LP role is mentioned as a means of improving patient care (Elcock, 1996), there has been no attempt to evaluate this proposition in any systematic manner, and the claim therefore remains unproven.

Lastly, this literature review shows that most published evaluations of the LP role are small-scale, in-depth, qualitative research studies, with only one (Driver and Campbell, 2000) using statistical techniques to quantify the benefits of the role to students. Redwood et al (2002) argue that quantitative research is inappropriate in examining the experiences

of LPs and in understanding the issues that they face, and this methodological preference is reflected in the predominance of qualitative methodologies in this field. However, as 88 LPs (perhaps one-third of all posts) have taken part in in-depth studies over ten years, and there are problems with inadequate local systematic evaluation of LP roles by managers (Fairbrother and Ford, 1997; McCrea et al, 1998), and calls in the literature for some form of evaluation 'tool' (Shepherd et al, 1999), there is a case for the use of quantitative methods to test issues concerning LP roles that emerge from the existing qualitative work. Ideas such as LPs' role with the TPG, their role conflicts, stress and burnout, and their lack of effective review and support could be constructed as hypotheses for the purposes of statistical analysis in conjunction with, and triangulated by, further qualitative work to understand the particular issues facing LPs in the local context. Using a mixed-methods approach might also enable the standardization of methodologies used to evaluate LP roles in future research, whilst continuing to offer context-specific information through in-depth evaluation.

Furthermore, although several studies outline and illustrate the role and its establishment (Knight, 1992; McNally, 1994; Rigby et al, 1998), and Lathlean (1992, 1996a) describes its early years, none discuss its systematic development after establishment.

This study, then, is intended to extend the in-depth evaluative literature on LP roles, and also, in the light of the lack of literature examining the systematic development of the role, to demonstrate how they can be developed using an action research (AR) approach and mixed methods of data collection. As well as the AR process and discussion of related qualitative data, there will be a quantitative element aimed at measuring LPs' occupational stress and burnout. In the following chapter, I will discuss the key features of AR, and how this theoretical framework has been applied to the study.

CHAPTER 3: THE METHODOLOGY OF ACTION RESEARCH

INTRODUCTION

In this chapter, the methodological background to AR is discussed to demonstrate that this study is grounded in appropriate and enduring foundations, and that AR is a robust and effective methodology for achieving change and contributing to knowledge. As both action and research are the intended outcomes of the study, traditional experimental methods are unlikely to be effective, but flexible, participatory and democratic methods are (Dick, 1997). This chapter is divided into four sections. In the first section, I discuss the methodological diversity of AR by examining the contribution of the work of key writers. A critique of AR and its rigour and validity will then be given. In the second section, I examine the application of AR to nursing, and the emerging literature on AR as a methodology requiring particular caution for 'insiders' trying to research and change their own organizations (Coghlan and Brannick, 2001). A third section then examines the particular ethical considerations in AR methodology. At the end of the chapter, a fourth section discusses the implications the methodological considerations have for my work.

SECTION 1: METHODOLOGICAL BACKGROUND TO ACTION RESEARCH

The long history and methodological diversity of AR is reflected in numerous writers' development of the original concepts (Noffke, 1994), and, as Greenwood and Levin (1998) argue, the diffusion of AR ideas is a success story for the movement.

Kurt Lewin's pioneering work

Kurt Lewin is frequently credited with pioneering early AR work (Dickens and Watkins, 1999; McNiff, 1988), and with coining the term 'action research' (Carr and Kemmis, 1986; Greenwood and Levin, 1998), although there is debate about the extent to which he inherited the idea from others (McNiff and Whitehead, 2002). Lewin criticised his

contemporaries' disconnected academic research, saying 'research that produces nothing but books will not suffice' (Lewin, 1946: 35). He was convinced that social scientists should develop and apply techniques to equip groups with the ability to change aspects of their social or organizational lives for themselves (McNiff, 1988). He conceptualized action research as a spiral methodology involving discrete phases (Lewin, 1946): first, a planning or fact-finding phase, beginning with a general idea following extended 'diagnosis', and next, the implementation or execution of the plan, with this 'experimental' phase followed by further fact finding to evaluate the results of the action. Lewin's (1946) work on 'minority problems' describes a four-step cycle of action research (figure 3.1), and he advocates repeated turns around the cycle so that the experience gained in the evaluation phase can be re-applied to the experimental phase.

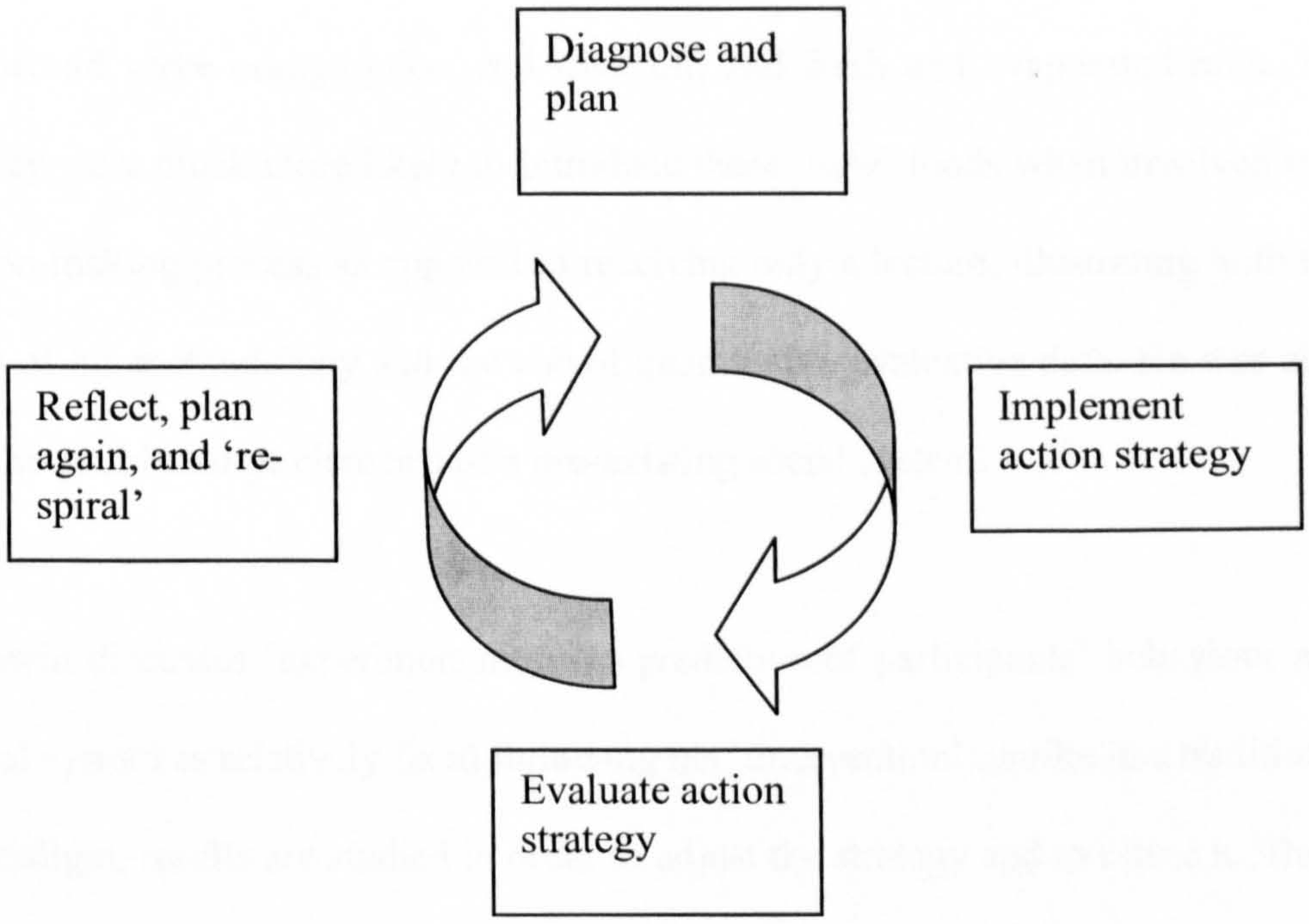

Figure 3.1: Action research spiral framework (adapted from Lewin, 1946)

However, this spiral framework has certain weaknesses (Winter and Munn-Giddings (2001). First, it appears to over-simplify a complex iterative process, suggesting that the overall 'goal' in AR remains fixed when this is frequently not the case. Second, the emphasis on repeated spirals implies that AR must have a long time scale, when this need not be the case. Third, AR seems difficult to distinguish from everyday interaction with colleagues, and so a criticism is whether or not AR really is a 'research' methodology. Winter and Munn-Giddings (2001) answer this by saying that AR is actually an ideal methodology for changing workplace practice, and the emphasis on reflection means that new knowledge and understanding are generated.

In work aimed at changing eating habits, Lewin (1966) demonstrated the relative efficacy of group decision-making processes compared to experts' exhortations by setting up a series of 'experiments' using his spiral AR methodology. He examined whether his female participants would serve orange juice, cod liver oil, and fresh and evaporated milk. He found that they were much more likely to introduce these 'new' foods when involved in a group decision-making process as opposed to receiving only a lecture, illustrating both the effectiveness of his methodology and the use of quantitative evaluative data. He was able to show that he could change elements of a pre-existing social system.

Although Lewin discusses 'experimentation' as predictive of participants' behaviour and sees the social system as relatively fixed following his 'intervention', unlike in a traditional scientific paradigm, results are studied in order to adjust the strategy and to refine it. There are no tightly set limits or controls on the 'experimentation', and the action researcher approaches the participants in their 'natural' state (Dickens and Watkins, 1999).

Lewin's work was the building block for today's AR movement, setting the stage for a methodology that produces knowledge for the solution of real-world problems. He

developed a new role for the researcher, and redefined criteria for judging the inquiry process. He also relocated researchers, so that instead of disconnected observation, participation and concrete problem solving are central to their role. This was a radical departure from previous 'command and control' strategies intended to regulate workers' lives (Greenwood and Levin, 1998), meaning that, rather than simply diffusing or disseminating new ideas in academic journals, action researchers are instrumental in the implementation of solutions to the problems they help to identify (Sitzia, 2001).

I will now go on to examine the major strands of AR. Although it is convenient to treat these strands distinctly, they are by no means so distinct, and there is considerable overlapping and sharing of ideas, despite a somewhat different emphasis.

Human inquiry, co-operative inquiry and action science/action inquiry

Human inquiry, co-operative inquiry and action science/action inquiry are closely related AR strands (Greenwood and Levin, 1998). The central emphasis is on human experience and engagement, distinct from today's perceived alienated living.

Human inquiry

Reason (1988) uses the term 'new paradigm research' to illustrate how AR differs from traditional forms of inquiry, requiring participation and collaboration and a changed world-view (Reason, 1994a). New paradigm research is thus critical of other research traditions that find problems but no solutions, and stands outside the 'quantitative vs. qualitative' debate by acting to address perceived problems by those closest to them. For Reason, AR is a philosophical movement with an approach to living as much as a research approach, and it is not only about the search for truth, but should *heal* (Reason, 1994a:10, original emphasis) the alienation of modern existence. Critics may see this as a call for relativism and bias but this is false, as human beings are fundamentally located in the world, not

abstracted from it, Reason argues. Positivistic principles bring a detrimental loss of relationships with other people, but this can be overcome by participation. This is a dialectical process, where tension and contradiction drive forward the evolution of a future participatory human consciousness. Traditional research approaches are inadequate, as they produce abstract rather than practical thinking: they do not change anything and produce only academic papers (Heron and Reason, 2001).

Co-operative inquiry

Co-operative inquiry is a variant of AR which is about finding ways of working with people who have similar concerns, in order to understand the shared aspects of their worlds and to learn how to act to change things for the better (Heron and Reason, 2001). Its micro-political format encourages individuals and groups to co-operate against controlling authoritarian processes (Heron, 2001), and it has roots in humanistic psychology. Co-operative inquiry seeks 'authentic communication', for which orthodox social science methodology is inadequate as it excludes human beings from decision-making processes in research. In co-operative inquiry, those involved should be reciprocating co-researchers, reflecting the essential self-determining character of human beings. It takes place in four phases of action and reflection, which rely on certain ideas about the nature of knowledge. These are, first, that co-researchers identify research propositions based on their experience, and identify procedures to observe and record their experience (propositional knowledge). Second, these procedures are applied to their everyday life and work, searching for nuisances and subtleties in the work (practical knowing). Third, new insights arise for the researchers as a result of their engagement in the project, developing an openness that allows them to bracket off personal beliefs to see the issues in a new way (experiential knowledge). Last, after a time in phase three, co-researchers return to their original propositions, reconsider and modify them in the light of experience, reformulating

and reframing the question. This phase involves returning with a critical perspective to co-researchers' propositional knowledge (Reason, 1994b. See figure 3.2).

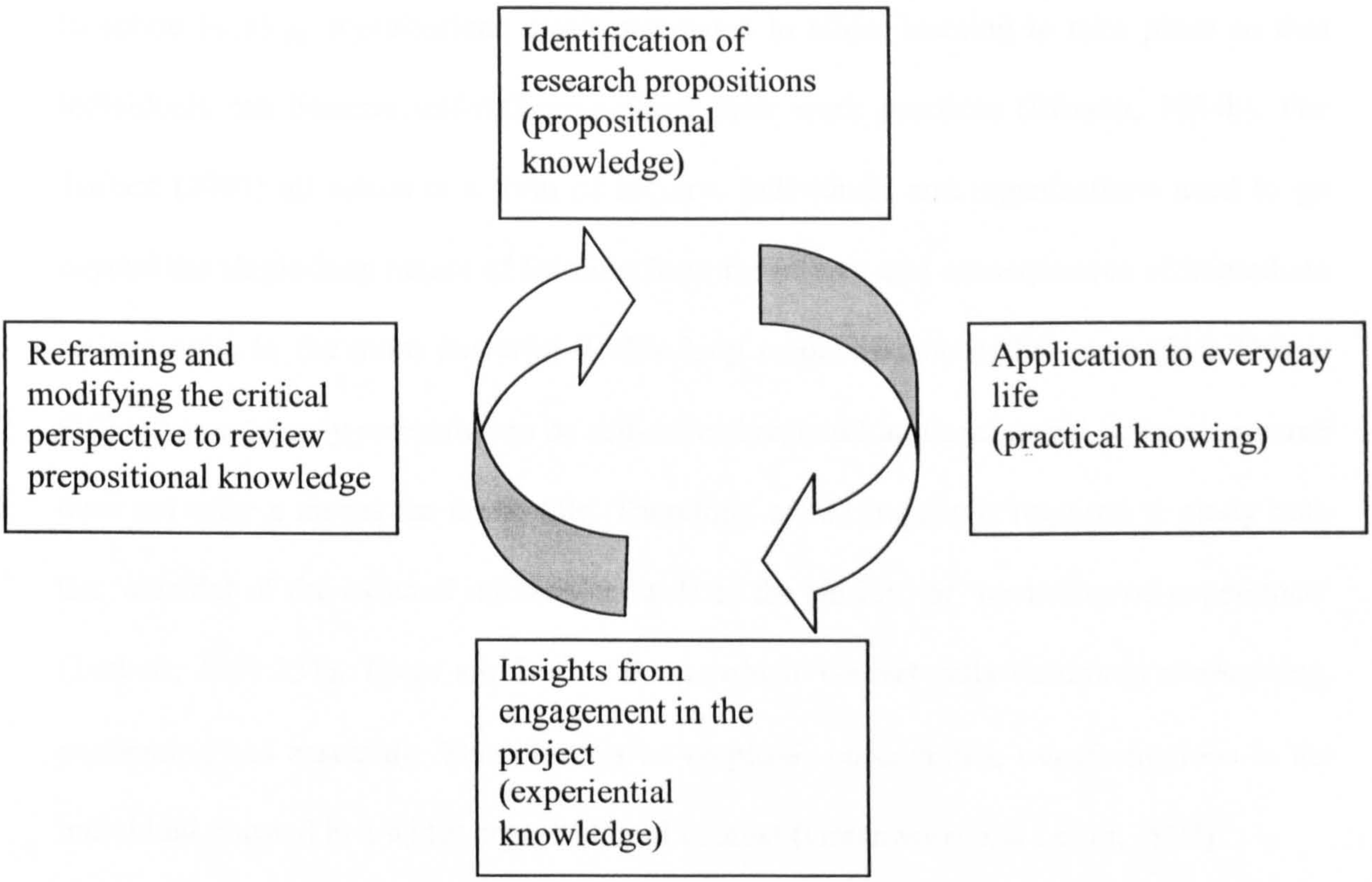

Figure 3.2: Four-phase spiral of action and reflection (adapted from Reason, 1994b and Heron and Reason, 2001).

Action inquiry and action science

In action inquiry and action science, there is an emphasis on developing effective action to transform organizations, producing greater effectiveness and justice (Reason, 1994b). Central to action science are two cognitive theories of action. These are *espoused* theories, which individuals claim to use, and *theories-in-use*, which can be inferred from actions. These may be consistent or inconsistent, and the actor may or may not be aware of any inconsistency. In organizations there are two models of action relating to cognitive theories-in-use. Model I is a defensive and self-protective theory, and Model II encourages free-choice and open inquiry (Reason, 1994b; Coghlan and Brannick, 2001). Overcoming

organizational defensiveness is a key element in action science to allow learning and development.

In action inquiry, organizations create structures to allow learning to take place so that individuals can become self-reflective about their work practices (Reason, 1994b). For Torbert (2001) all action is a form of inquiry. Individuals and organizations need to go beyond the single-loop nature of learning from the impact and consequences of immediate actions only, to the more powerful double-loop reconstruction of life strategies. This is difficult as we rarely remember to be self-reflective, and traditional social science research does not offer a means for doing this. Therefore, action inquiry is required to study both the 'outside' of the external universe as well as the 'inside' of 'territories of experience' (Torbert, 2001:251). There are four of these, which Torbert calls visioning, strategizing, performing and assessing. Thus there is an emphasis on cognitive transformations in the individual, located in a wider organizational context (Greenwood and Levin, 1998).

Participatory Action Research

Participatory Action Research (PAR) emphasises the emancipatory potential inherent in AR methodology, involving a transformation of some aspect of a community's situation or structures. It focuses on issues of power, the exclusion of the powerless from decision-making (Coghlan and Brannick, 2001), and harnesses the lived experience of oppressed groups (Reason, 1994b). It has an explicitly critical stance, which paradoxically seeks to transform the wider social order but is usually most effective in local situations (Healy, 2001).

Participatory action research and developing economies

PAR projects frequently take place in the developing world, as it is here that social conditions are most clearly in need of change, allowing for a radical critique of the

capitalist economy (Fals Borda, 2001). However, a related strand of PAR is emerging in nursing and health care research, which emphasises the potential improvements that PAR can make to 'quality of life' issues for individuals and communities (Koch et al, 2002).

PAR is intended to go beyond abstracted 'scientific' methodology and narrowly focused Lewin-type AR to lay foundations for change in social conditions which communities themselves fashion. It is critical of ineffective research techniques, exhibits a radical social conscience, and demands democratic participation 'to find better scientific, technical and social ways for improved living conditions, and for the enrichment of human cultures' (Fals Borda, 2001: 34). However, Healy (2001) points out that these are inherently Western concepts which may not be applicable to other cultures, meaning that researchers run the risk of simply imposing their own brand of Western cultural imperialism on local people.

Swantz and Vainio-Mattila (1988) discuss their involvement in an irrigation scheme in Eastern Kenya. This engaged local people with World Bank financial aid, exerting control over the project's development. Emancipation of local people is central to their PAR methodology 'as a kind of trajectory in a struggle of people who are peripheral to decision-making, for greater space...and power to determine the[ir] direction' (1988:130). This ensures that those with money and education do not patronize unintentionally those without in their attempts to help, and that aid efforts are authentic and appropriately targeted. Swantz and Vainio-Mattila discuss a three stage cycle (see figure 3.3) of problem identification, solution seeking and solution implementation, with local people engaged in cycles for different aspects of the project at any one time. They note that there is potential for misuse and manipulation of local people by researchers, but are adamant that their politically motivated action was genuinely participatory, opening otherwise hidden

avenues for studying change and raising consciousness: PAR creates new knowledge, altering participants' epistemological positions (Park, 2001)

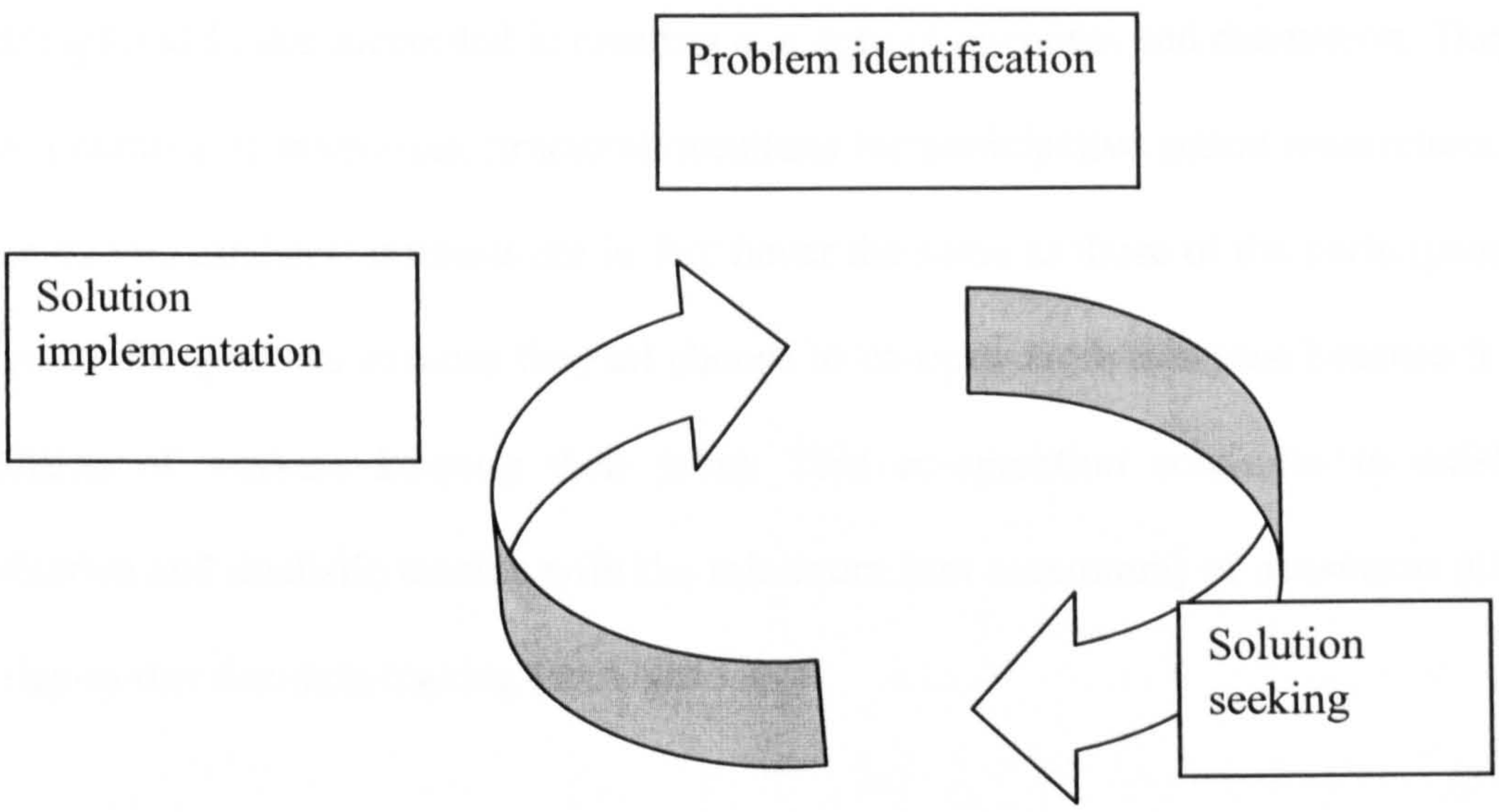

Figure 3.3: A three-stage spiral in participatory action research (adapted from Swantz and Vainio-Mattila, 1988)

PAR in developed economies

Greenwood and Levin (1998) discuss the so-called north-south debate in PAR, arguing that 'Southern' practitioners identify with the poor and oppressed in developing nations, and their critique of the power relationships involved extends beyond the facilitation of projects to reject capitalist hegemony: simply managing international aid work will never address the real issues of economic inequality. For Greenwood and Levin, there is a danger that PAR in developed economies in the 'Northern' states will be co-opted to further the demands of industrial development.

However, the democratisation of industrial production is arguably just as valid as 'liberating' the developing world. For example, Weiskopf and Laske (1996) discuss the development of co-operative working in capitalist Germany, and how they influenced an organization's development by setting up mutual learning and emancipatory practices

amongst the workforce to alter traditional industrial power relations. Whilst the workers accepted the principle that 'self-management is good' (1996:126), the more conservative Ministry of Labour, Chamber of Labour and trades unions were not convinced. Even so, Weiskopf and Laske succeeded in creating a culture of openness and discussion. They also raise a number of interesting structural questions for participative action researchers. They argue that researchers' interests are in fact never the same as those of the participants, and the relationship exists because they all choose to co-operate (in this case because it was a condition of workers keeping their jobs). This co-operation continues to exist in a productive and dualistic tension with the minimum (not maximum) of consensus allowing for day-to-day decision-making (see figure 3.4)

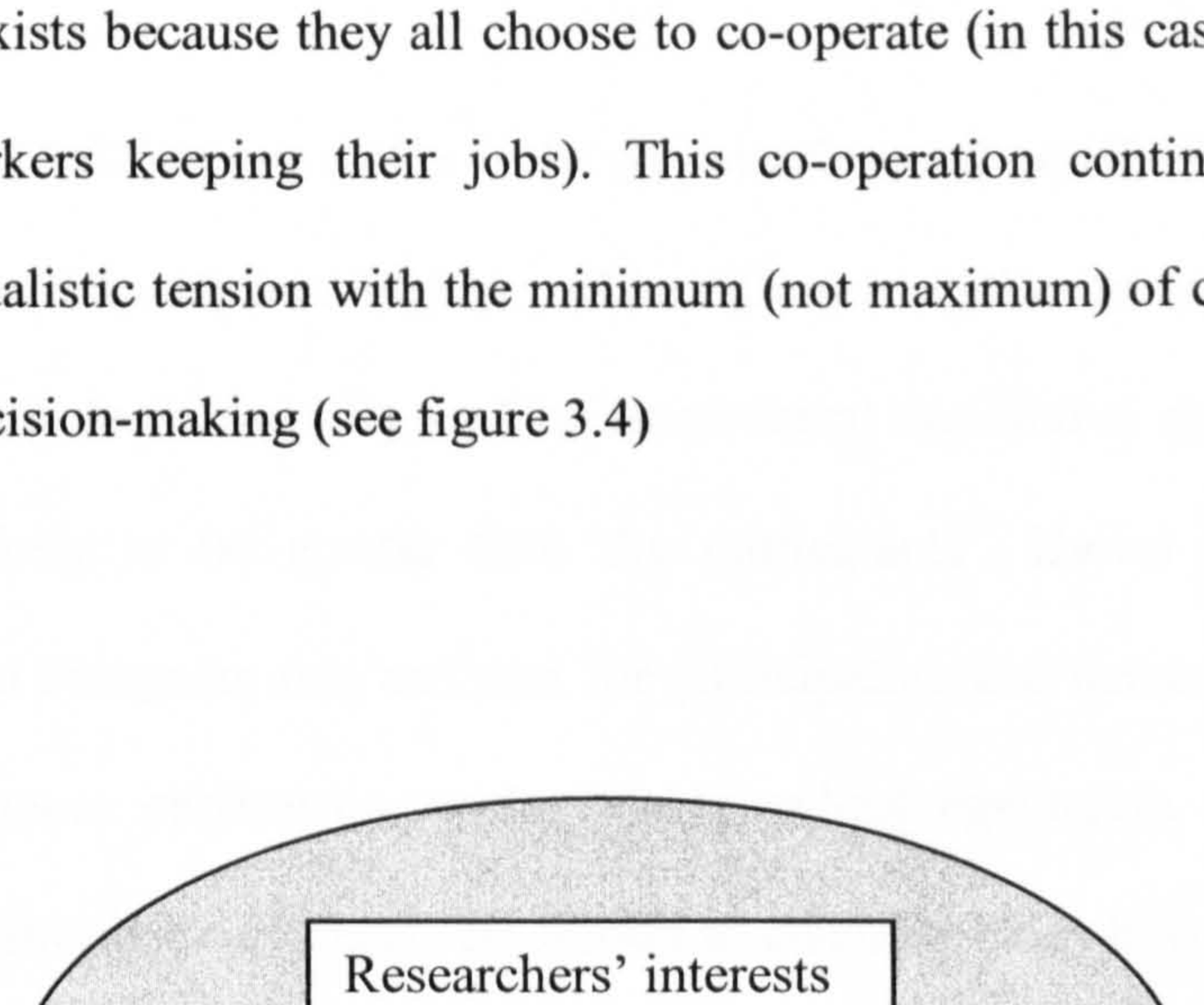

Figure 3.4: Fusion model of emancipatory action research (Weiskopf and Laske, 1996:131).

Weiskopf and Laske also note that their work was made easier by the support of two managers who were champions and change agents for their project, but the managers' identification with the project in fact set up a new hierarchy within the organization based

on proximity to Weiskopf and Laske. New power relations and inequalities were unwittingly established, and they conclude that in PAR power can be reproduced rather than reduced. This organizational politics means that 'emancipatory action research based on communicative action seems to represent a complementary misconception to the technical approaches ... built on a fiction of a common interest shared by both researchers and participants' (1996: 131-132).

Similarly, Karim (2001) notes that a truly empowering and equal relationship between researchers and participants is a highly problematic assumption in organizations, as the researcher implicitly leads the project. The researchers' facilitative skills and theoretical awareness are likely to be greater than the participants'. Karim argues that action researchers should recognize this and aim for participative and democratic relationships. Healy (2001) is more pessimistic, saying that a radical egalitarian approach to power relations can be patronizing and lead researchers to claim that they have been involved in a collaborative study when in fact they have spent considerably more time and effort on the work than local people, and hold significantly more knowledge and power about it. Also, if locals fail to develop the required consciousness, they risk being branded as 'primitives', unwilling or unable to recognize the 'emancipation' that the researchers bring.

Action research and feminism

Several feminist writers have seen the emancipatory potential of AR. Greenwood and Levin (1998) outline how the feminist agenda and PAR overlap: suspicion of positivism; analysis of power relations; respect for the knowledge of the 'silenced'; interest in transforming and emancipating praxis. These ideas should replace traditional research approaches in the social sciences, which are currently in turmoil as new paradigms replace old certainties in society and well as in research (Lather, 1991). Feminism and AR are not competing frameworks but share a critical perspective that makes them allies, as, for

Lather (1988) and Piran (2001), feminism has helped create a space where a debate about power and the production of knowledge can be held. Feminist research, then, is about both change and developing new knowledge, and thus shares similar aims to AR, albeit with the intention of uncovering and redressing the distorted power relations that exist between men and women.

Maguire (2001) argues that feminism has informed AR and helped create the conditions for its success because of the feminist critique of abstract knowledge. Winter and Munn-Giddings (2001) and Meyer (1993) note that both AR and feminist research value experiential knowledge and the importance of doing research *with* rather than *on* participants. Pioneering feminist work such as Oakley's (1981) re-defined interviewing by re-locating it away from traditional 'scientific' and detached approaches, focusing instead on women's shared identity, usable findings and a more open and participative process. 'Standpoint' is important, particularly in research in health care and education, where a whole dimension of experience is potentially lost because subjects are frequently women, and policy-makers and researchers are men.

AR and feminist research point in the same direction: to uncover, analyse and improve the position of disadvantaged groups within society by hearing their hidden voices (Winter and Munn-Giddings, 2001). Feminists and action researchers should collaborate, as both make possible research avoiding the temptation for academics to speak for individuals, instead allowing them to use their own skills and voices to develop an understanding of their lives (Hollingsworth, 1997). This is particularly important in settings such as teaching, social work and nursing where women are frequently practitioners. Hollingsworth notes that AR is inherently emancipatory because it challenges existing masculine forms of authority and knowledge, arguing that one measure of success in feminist AR is the extent to which it is transformational.

Griffiths (1994) aligns herself with the critical theory perspective, saying that AR is political for individual participants and can have a wider political impact, but also argues that AR should rightly begin with the personal. She argues that AR, and writing about AR, are essentially an autobiographical acts. Journals or diaries form part of the 'tool-kit'. This gives a powerful critique of abstract 'masculinist' knowledge, which seeks distance and abstraction from reality. Autobiographical writing, then, opens the door for a subjective conscience, and this allows the hidden voices of women to become heard in a way not previously possible. This is empowering and is part of a new theorizing of 'difference', or gender inequality. There is emancipatory potential for men and women because mutual and inclusive gender relations are only possible if both genders' voices are heard. AR thus has a wider political significance because as a methodology it can uncover women's voices, particularly in 'hidden' occupations like teaching and nursing. However, the relationship between AR and feminism remains 'uneven ground' (Maguire, 2001), as action researchers have been slow to acknowledge and develop the links.

Action research and education

AR has been used extensively in education settings and several key writers within this field contribute to the understanding of AR methodology.

Educational Action Research

Carr and Kemmis (1986) use the term 'educational action research' (EAR), but there is a clear distinction between writers who emphasise a collective approach to AR and those who are focus on individual teachers' actions (Waterman et al, 2001). For those in the collective strand, EAR encourages the identification of socially and politically constructed nature of educational practices (McNiff and Whitehead, 2002). Kemmis and McTaggart (1990) use a spiral form (figure 3.5) to emphasise the self-reflective nature of AR, allowing action researchers to move from one critical cycle to another in a systematic manner.

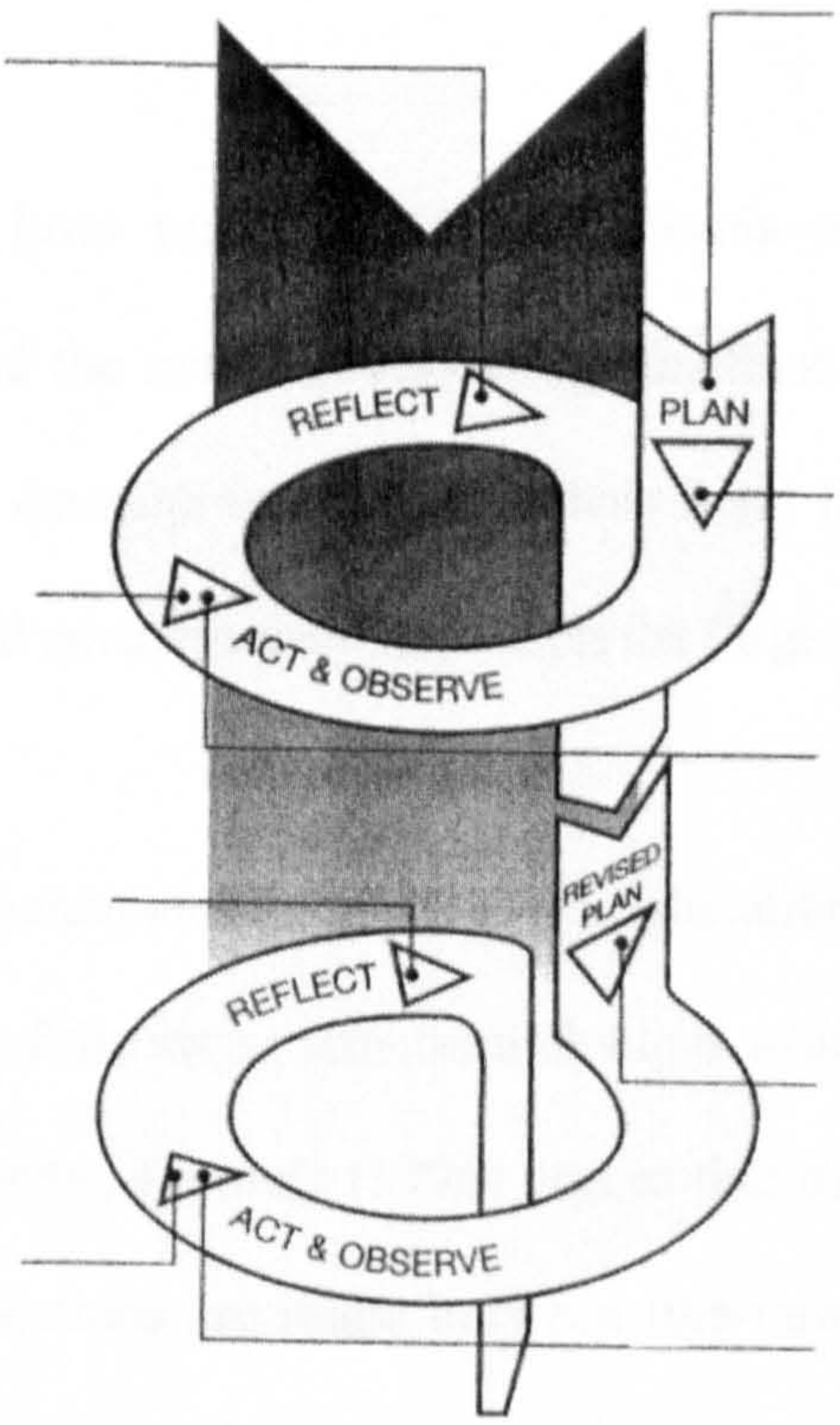

Figure 3.5: Kemmis and McTaggart's (1990) action research spiral (reproduced from McNiff and Whitehead, 2002:45)

EAR and the 'collective good'

Kemmis (1993) notes that AR in education has emphasised the 'scientific' or Lewinistic conception of AR as a model for change, rather than the more aspirational emancipatory varieties on offer in PAR. He calls for more open relationships in AR and is critical of 'facilitated' projects that risk alienating teachers from effective decision-making in the research process. The *social,* collaborative and self-reflective aspects of AR are valued over the purely technical aspects: AR should not be purely about implementation of change but a genuinely democratic development (Carr and Kemmis, 1986) whose emancipatory

potential means that it always connects social research to social action, and 'always understands itself as a concrete and practical expression of the aspiration to change the social (or educational) world for the better through improved social practices', our understanding of these and how they are carried out (Kemmis, 1993:3). It is critical in the sense that it is activist and aims to help people understand what they are doing, whilst also widening participation and collaborative action.

Kemmis (1993) discusses how macro and micro levels are intimately connected: researchers should not regard the macro level of organizations (bureaucratic systems) as fixed and unchangeable, as developments at the micro level (individuals and groups of teachers) can have a profound emancipatory impact on the larger structures.

Sensitive to criticism that emancipatory approaches to educational AR have become dated and meaningless in the face of the major structural changes which have overtaken Western societies in the 1980s and 1990s, Kemmis (1996) argues that these changes make it more, not less important that connections are made between like-minded individuals seeking to do more than deliver hyper-rationalised mass education systems. Teachers should not simply see themselves as 'doing education' in the education system but as being engaged in a human activity requiring connectedness and participation. To survive in the postmodern world, institutions must develop reflexivity. AR is a means of doing this, and has the potential for emancipatory praxis to overcome the system constraints that disfigure teachers' lives. For Kemmis (1996), individuals may be forced into participating in bureaucratic structures but can still work together to develop educational theory and classroom teaching, and as this micro perspective is connected to the macro level, such work constitutes positive and progressive social action.

Clark (2001) is highly critical of the emancipatory claims of educational AR, saying that reflection and democracy only result in agreements between groups of teachers about their attitudes concerning classroom practices. They do not verify their effectiveness and are tyrannical when dissenters collide with the consensus. 'Emancipation' thus comes to mean the establishment of new structures based on group norms to which all must comply. Hammersley (1993) is also not convinced of the overwhelming case for AR as the only methodology that can transform teaching practice, while Waters-Adams (1994) argues that AR in teaching should be seen not as only a collaborative process but stems from the individual teachers attempting to develop their practice.

Educational action research: benefits to individual teachers, and the living 'I'

A second strand of EAR is concerned with the potential benefits to individual teachers and their practice. Stenhouse and others are credited with establishing this strand of AR to promote the 'teacher as researcher', as an alternative to traditional university-based research (Waterman et al, 2001), and in order to avoid losing the personal teaching practice aspects of AR in the theoretical debate.

Teachers should be encouraged to develop their own descriptions and explanations of their learning: a rigorous process which involves undertaking inquiry into their own teaching practices, showing how they have made improvements and then subjecting this evidence to the critical scrutiny of others (McNiff and Whitehead, 2002). This involves keeping the living 'I' in AR and acknowledging that the 'I' of each individual is an unassailable identity and a living, proactive entity. Whitehead's 'living educational theory' encourages individual teachers to answer the question 'How do I improve my practice?' (McNiff, 1988; Whitehead, 1993). This 'new paradigm' rejects the notion of a single valid interpretation of AR because it is about individual teachers working out their own solutions to problems they face in practice (Whitehead, 1998). Living theories with 'I' at their core

represent a contradiction, as 'I' may have certain values and attitudes but be expected to work in systems at odds with these. Whitehead discusses how overcoming such contradictions have been a central feature of his professional career. He encourages others to replicate this, and in doing so create living educational theory with a distinct personal methodology; a form of practical theorising which leads to the evolution of good social orders (McNiff and Whitehead, 2002).

Living educational theory uses a spiral methodology of planning, acting, reflecting, planning again and observing for change. This has been refined from an early pattern (figure 3.6) to a more complex one (figure 3.7), which emphasises AR as a generative transformational evolutionary process. McNiff and Whitehead (2002:56) describe how this model actually works as 'beyond words ... I am certain of uncertainty ... balanced in my disequilibrium', which highlights the spontaneity and unplanned nature of AR.

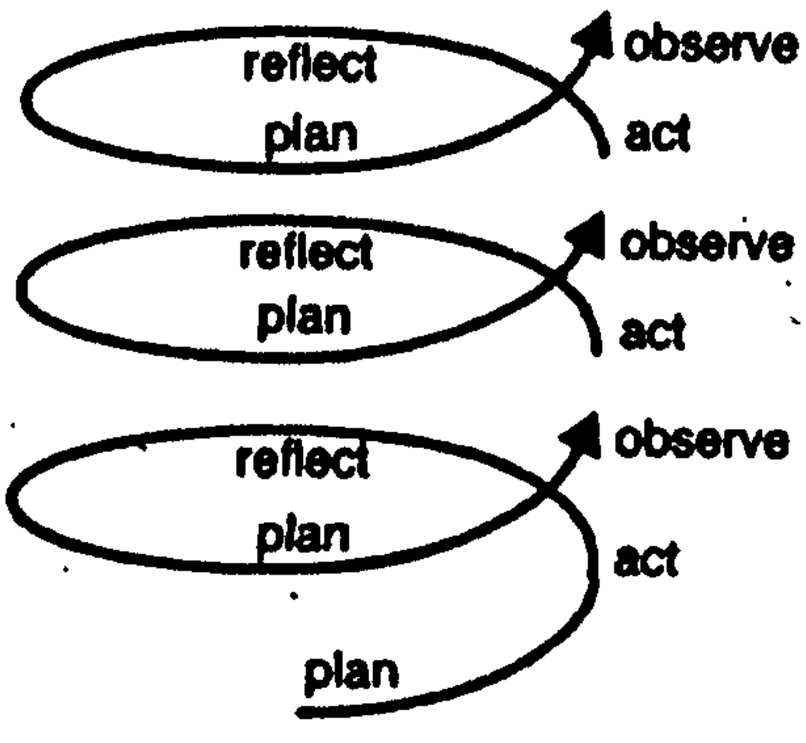

Figure 3.6: McNiff and Whitehead's (reproduced from 2002:57) early conceptualization of an action research spiral methodology

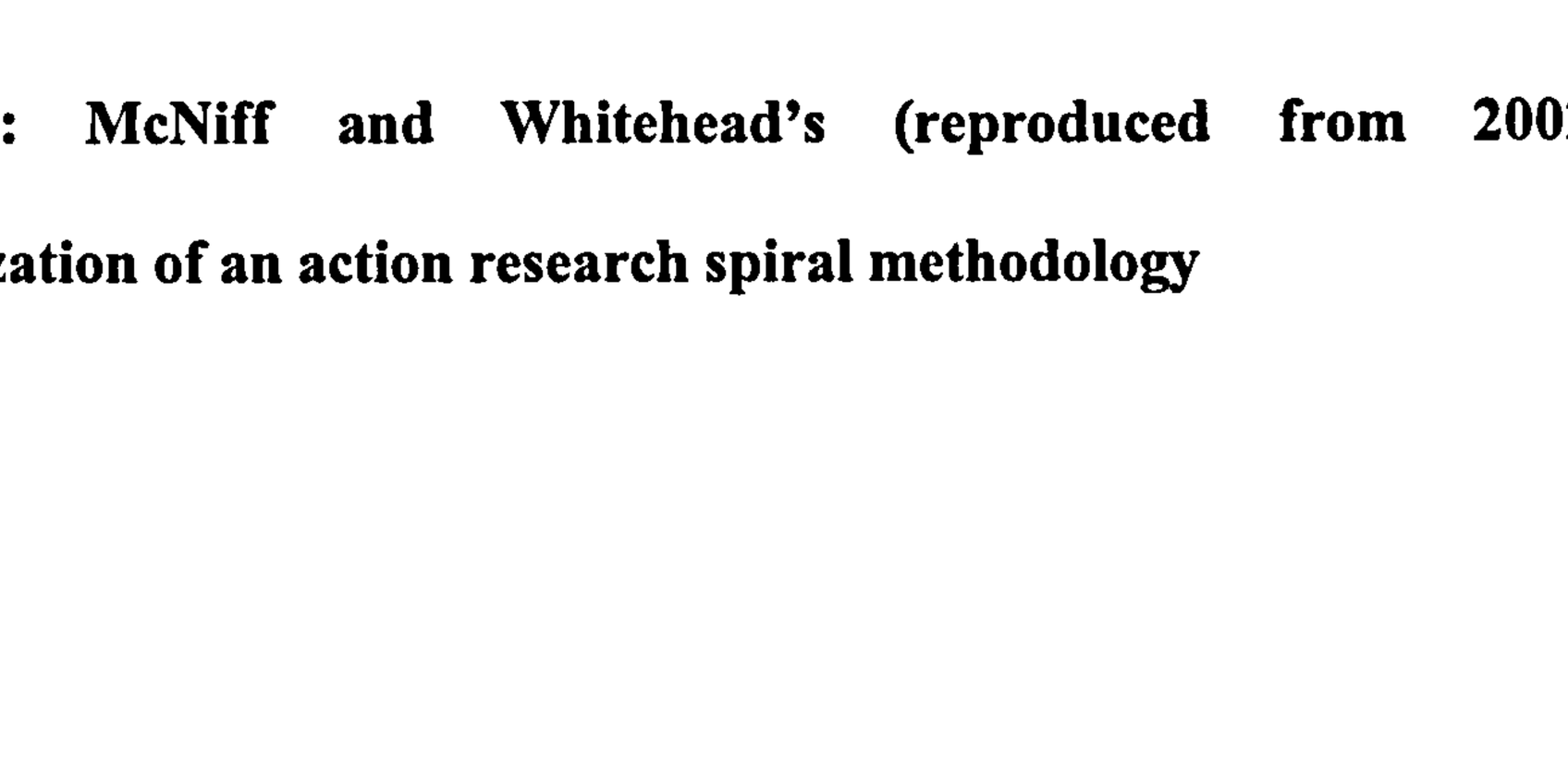

Figure 3.7: McNiff and Whitehead's (reproduced from 2002:57) refined conceptualization of action research spiral methodology

Living educational theory generates a specific and wholly educational discourse, distinct from the 'disciplines' approach of established academic disciplines such as sociology, psychology, philosophy and history (Whitehead, 1998). This approach generates research theses and dissertations that are singularities: unique contributions to knowledge, similar to case studies but representing and grounded in the personal experiences of teachers in the classroom (Hughes at al, 1998). This conflicts with traditional paradigmatic thinking about what constitutes 'theory', because AR relies on personal rather than abstract or 'spectator' knowledge (Winter, 1998:369). These are constructed in different ways: abstract academic knowledge exists in codified and bureaucratic environments, in structures and institutions capable of repressing challenging forms of knowledge. What is needed more than spectator knowledge is knowledge that practitioners can *use.* This is theoretical not because it involves assimilating previous literature but because it involves improvising from previous personal and professional knowledge and experience. Theory in AR is thus a form of 'improvisory self-realisation, where theoretical resources are not pre-defined in advance, but are drawn in by the process of inquiry' (Winter, 1998:371). This can be both reflexive and multi-disciplinary, as action researchers interact with themselves and others at work, and also requires teacher-action researchers to be 'chameleons', changing frequently between the theoretical and contextual aspects of their work as dialectical processes change (Hadfield and Bennett, 1994).

Although Whitehead (1996) is sensitive to criticisms that living education theory fails to ask fundamental questions about improving education, for Winter (1998) such learning is inherently methodological, and raises questions for individuals and organizations relating to change. These are likely to be political, and involve conflicts and uncertainties for participants and organizations, as the relatively powerless come to realize that power rests not only in bureaucratic structures but also with human beings who can be empowered to

make beneficial changes happen for themselves, and in so doing discover their professional autonomy.

AR projects in education reflect the messy world of practice rather than the ordered world of theory (Day, 1998), and should be part of every teacher's personal and professional development. EAR may have a 'spiral' theoretical framework but the reality is more chaotic, allowing teachers to address more than one real-world problem in more than one way at different times (McNiff, 1988). Elsewhere, McNiff and Whitehead (2002) discuss AR projects as organic entities with multiple potential directions arising from different contextual turns and nuances. Thus AR is a spontaneous, self-creating system of inquiry, rather than a programmed scheme for change, and McNiff (1988) is critical of action researchers who see AR as a technique to be applied to a situation rather than as research driven and owned by those in the practice setting.

Rigour and validity in action research

AR does not use the accepted principles of the scientific method such as reliability (it is replicable by others), validity (it describes a 'true' state of affairs) and generalizability (research findings are applicable to a wide variety of contexts) to generate law-like theories of nature, and it does not require the separation of researcher from the 'field'. Instead it requires the researcher to work in participation with others, and action researchers are clear that this involvement is essential for changing social reality. Critics might argue that this means that action researchers produce accounts that are 'coloured' by their proximity to the research, and cannot separate their involvement from the reality of the project. This is an important criticism that can apply to the internal validity of data collection methods such as questionnaire instruments that must be acknowledged and addressed. However, Waterman et al (2001) argue that this intimacy is essential in mediating change in the situation. Titchen (1995) notes that all qualitative researchers are open to these claims, but

that it is the personal perception of reality that is important, saying 'all actors must use their biases, beliefs and values in their action. If they did not, they would be unable to act' (Titchen, 1995: 40). Indeed, personal interpretations frequently provide legitimate background motivations for action researchers involved in changing practice.

Morton-Cooper (2000) believes that it is of little value in AR to search for absolute reliability, as it is too 'subjective' a process. However, what is important is that the work has 'cultural validity' (p85), that is, it is recognisable by the practitioners as broadly appropriate if the findings 'make sense' to readers. In this respect, AR is about illustrating problems at the 'sharp end' of practice, as well as generating ideas about how other practitioners can address their own problems in their own settings.

For Coghlan and Brannick (2001), rigour in AR depends on four processes. These are, first, multiple 'cycling' and accurate recording of this process; second, discussion of how the project has challenged and developed the thinking of the researcher and participants; third, how different views about events are accessed to produce confirming and disconfirming evidence; and last, how the project interpretations and diagnoses are supported and challenged, and how theoretical and philosophical frameworks underpin the ideas and the project.

'Scientific' standards and AR: 'validity'

For Waterman (1995), traditional 'scientific' standards of judgement are inappropriate for AR. Instead, action researchers should discuss reflexivity in the data collection and analysis of their studies, and 'bring the situation to life' (1995: 22) so that the context can be fully appreciated by readers. Koch and Harrington (1998) go further, arguing that it is inappropriate to import quantitative concepts like reliability and validity into qualitative research (in which paradigm they include action research). However, Reason (1994b)

argues that 'validity' is an important concept for AR, but in need of reinterpretation for action researchers because it rests on the collaborative encounter with experience. Assessing validity depends on the researcher's 'critical subjectivity': their high quality, critical and self-aware judgements. This involves action researchers accepting their knowledge of the situation as a subjective experience rather than trying to suppress it, and articulating this awareness by attending to the ground on which they are standing. There will be many different versions of 'reality' but this diversity can be overcome by frequently cycling and re-cycling between action and reflection so that issues are examined in different ways, exploring the authenticity of participation within the group, using self-development techniques and establishing norms, and allowing the group to challenge the researcher's interpretation. Multiple cycling is supported by Waterman (1998), who describes this as one of the prime indicators of 'validity' in action research. Although critical of applying concepts from 'scientific' research to AR, she uses the term 'validity' as a 'yardstick' to assess the extent to which AR studies have dialectical validity (concerned with changing practice, and the movement between different stages in the spiral framework), critical validity (concerned with moral responsibilities), and reflexive validity (concerned with recognising and valuing the influence of oneself in the research process). These aspects of 'validity' in AR are not uncomplicated, however, and continually generate uncertainties and contradictions.

Bradbury and Reason (2001) extend the debate by arguing that central to the quality of AR is the question: 'How do action researchers know that they are actually doing "good work"?' They discuss five choice-points in a 'participatory world view', which answer the justified concerns of the academic community concerning the validity of AR. This debate, they argue, broadens the 'bandwidth' about what is good quality research rather than rejecting the concept of validity as an outdated positivistic irrelevance. 'Validity' in AR is thus about engagement rather than 'Truth', and assessing it is about making the right

choices to enable the research to be accepted. The five choices are, first, that action researchers must examine the quality of their participation in relation to the work they accomplish: participants should be energized and empowered by being involved, and should gain new insight and understanding into their worlds and a critical consciousness. Second, action researchers should ask whether the work is useful and helpful: 'Do people whose reputations and livelihoods are at stake act differently as a result of the work?' This requires action researchers to ask pragmatic questions about their work and be reflexive about the answers they receive. This can move an organization from single-loop to double-loop learning. Third, action researchers should acknowledge that they need both conceptual knowledge and participation, but as the work progresses through the various cycles they also need to be clear that any new knowledge is appropriately grounded in the contextual experience. Inquiry methods should be appropriate to the work and researchers should use a variety of data collection methods drawn from different methodological traditions to gain the fullest perspective. Fourth, Reason and Bradbury argue that the wider context of the AR project is an important aspect of validity: 'To what extent does the project "change the world"?' As micro- and macro-levels are intimately connected, AR should allow participants to live a better life in organizations and in a general sense. Last, participation needs to be continued into the future, not just for the length of the project, and a living interest needs to be created which survives the researcher's interest. These five choice-points are not distinct but overlap, and are relevant to individual researchers in different measures: no AR project will be able to address them all, let alone equally, and each project articulates its own standards. However, researchers must make explicit which of the choice-points are important in their work, and demonstrate their achievement in doctoral theses by discussing the strengths and weaknesses of the work in relation to the choice-points they identify. These are summarised below (table 3.1).

• Are participants energized? • Have individual's actions changed? • Are data collection methods appropriate? • Do participants now live a better life in the organization? • Are there enduring structures?

Table 3.1: Issues as choice-points and questions for quality in action research (adapted from Reason and Bradbury, 2001: 454)

Titchen (1995) discusses three other methods of ensuring the validity of AR. These are, first, methodological triangulation, where data are collected from different sources. When findings from different data sources agree, the researcher can be confident in their consistency and completeness (Cutcliffe and McKenna, 1999), and there will be a wider and deeper perspective in the researchers' interpretation (Denzin, 1989). Second, wherever possible there should be prolonged and persistent observation in the field, so that those reading AR accounts can be sure that the researcher has a prolonged period of collaboration with participants. Third, although participants should be fully involved in developing understanding in the study, where a researcher writes an account, participant verification should take place, and participants be asked to check the data and findings for accuracy and completeness. Morton-Cooper (2000) goes further, saying that verification should also be by outsiders: allowing significant disinterested colleagues to see if they agree or disagree with the findings from the various data sets. Producing valid research reports in AR is thus a highly collaborative exercise.

McNiff at al (1996) have some practical points concerning procedures for ensuring validity in AR. In writing-up the project, they argue, the researcher should be able to demonstrate that they have developed new meaning and new understanding by working collaboratively with other participants. The AR account should also be able to show how participants' tacit knowledge has been made explicit: as the project has been about allowing participants to

do this in order to change or develop some aspect of practice, the researcher should be able to discuss this and in doing so acknowledge their accountability to participants. Waterman (1998) discusses this as a moral responsibility, and extends this responsibility to patients and clients, arguing that staff have a duty to improve services: however, she also argues that in action research it is inappropriate to judge the validity of the project solely by the extent to which change is implemented, as excessive volumes of change may overload and unsettle staff.

'Scientific' standards and AR: 'generalizability'

Although not the only important element in AR, the application to other settings is a central element in practice development (Waterman et al, 2001). AR work cannot be generalized in an absolute sense, but it is likely that the work can be interpreted in similar situations in other organizations, and so is relevant elsewhere. Similarly, social science research does not produce findings with the kind of predictive power of the natural sciences, but it does produce *moderatum* or medium-range findings which are generally or reasonably close enough to the position in other situations and settings to allow for broad generalization (Williams, 2000).

However, McNiff et al (1996) dismiss calls for AR to be generalizable and replicable as inappropriate, as the aim of AR is to liberate rather than predict and control; sharing knowledge ensures the construction of a collective interpretation of the situation and how to change it. They argue that formative and summative evaluation are necessary, saying that the cyclical framework and constant movement through different parts of the spiral constitute formative evaluation, with summative evaluation presented at the end of each full turn around the cycle as it moves on to the second cycle. These are unlikely to be rigid or formal evaluative statements, although they can be presented as such for the purposes of creating an account. As AR is collaborative, rigorous validation through sharing evidence

with other participants is recommended. As well as self-validation, this can be done by peer validation, line-management validation, client validation and academic validation (McNiff et al, 1996; McNiff, 1988; McNiff and Whitehead, 2002)

Credibility in action research: acknowledging or suppressing the impact of proximity?

Titchen (1995) notes that AR requires a high level of self-awareness and skill, so that personal 'biases' are switched off in order to accurately record and evaluate practical changes in a theoretical account. She advocates that the researcher be continually personally challenging, asking: 'Was I really doing that?' (1995:41), recognising their ethical obligation as researchers to be self-aware and acknowledge their impact on others. However, the AR literature on this issue of how proximity to the research might impact on the account produced shows an apparent conflict between switching off personal biases and acknowledging them (Koch and Harrington, 1998). Bradbury and Reason (2001) argue that action researchers should acknowledge their subjectivity, and that a more useful term to describe this self-validation is credibility: the researcher must acknowledge that AR involves reflexivity, and be able to produce an account which is not just their own perception of events.

Credibility is the extent to which processes were followed which allow the reader to trust the account. Greenwood and Levin (1998) identify two kinds of credible knowledge: internal and external. Internal credibility is fundamentally important as it demonstrates that the AR account is credible to those who collaborated in the project. The connection to the local situation is clear, as should be the extent of change. External credibility concerns how far others are convinced by the account. This is more complex, as the challenge to AR is that the proximity of the researcher can be dismissed as offering a 'biased' account. However, the methodological principles of AR mean that theories generated in practice

settings are highly important, and are only possible as a result of the researcher's proximity to the field.

Greenwood and Levin (1998) argue that there are three principles required for credible AR. First, 'workability' means that actions taken in the research solve a real-world problem. Second, these tangible results can be interpreted and constructed to offer meaning and understanding of what has occurred. Third, the accounts produced have transcontextual meaning: that is, they have relevance to people in other areas, not in an abstract sense, but when the contexts of reader and writer are taken into account.

SECTION 2. ACTION RESEARCH METHODOLOGY IN NURSING AND HEALTH CARE, AND THE 'INSIDER/OUTSIDER' DEBATE

Action research has been used extensively in many settings, but these perspectives do not necessarily translate directly into health care settings. One key reason for this is the high degree of autonomy enjoyed by other workers compared to nurses, who are constrained by the multidisciplinary nature and organizational features of health care settings, meaning that for nurses even small change projects have an impact on other powerful actors (Greenwood, 1994).

This section is divided into three parts. I begin by outlining how AR methodology has been applied to nursing and health care settings. The second part examines the emerging literature on the complexities of 'insider AR' and doing AR in one's own organization (Coghlan and Brannick, 2001), and a third part discusses the 'insider/outsider' debate in nursing.

Action research in nursing and health care

Hart (1996) notes that a spiral or cyclical AR method is attractive for nurses because it mirrors the nursing process, quality circles, and reflective practice models. Elsewhere, Hart and Bond (1995a) discuss a framework for action research with six elements (see figure 3.8): reflect on a theme, plan action, take action to change practice, observe and evaluate, reflect; plan (and so on). This schema is primarily intended to facilitate the implementation of change.

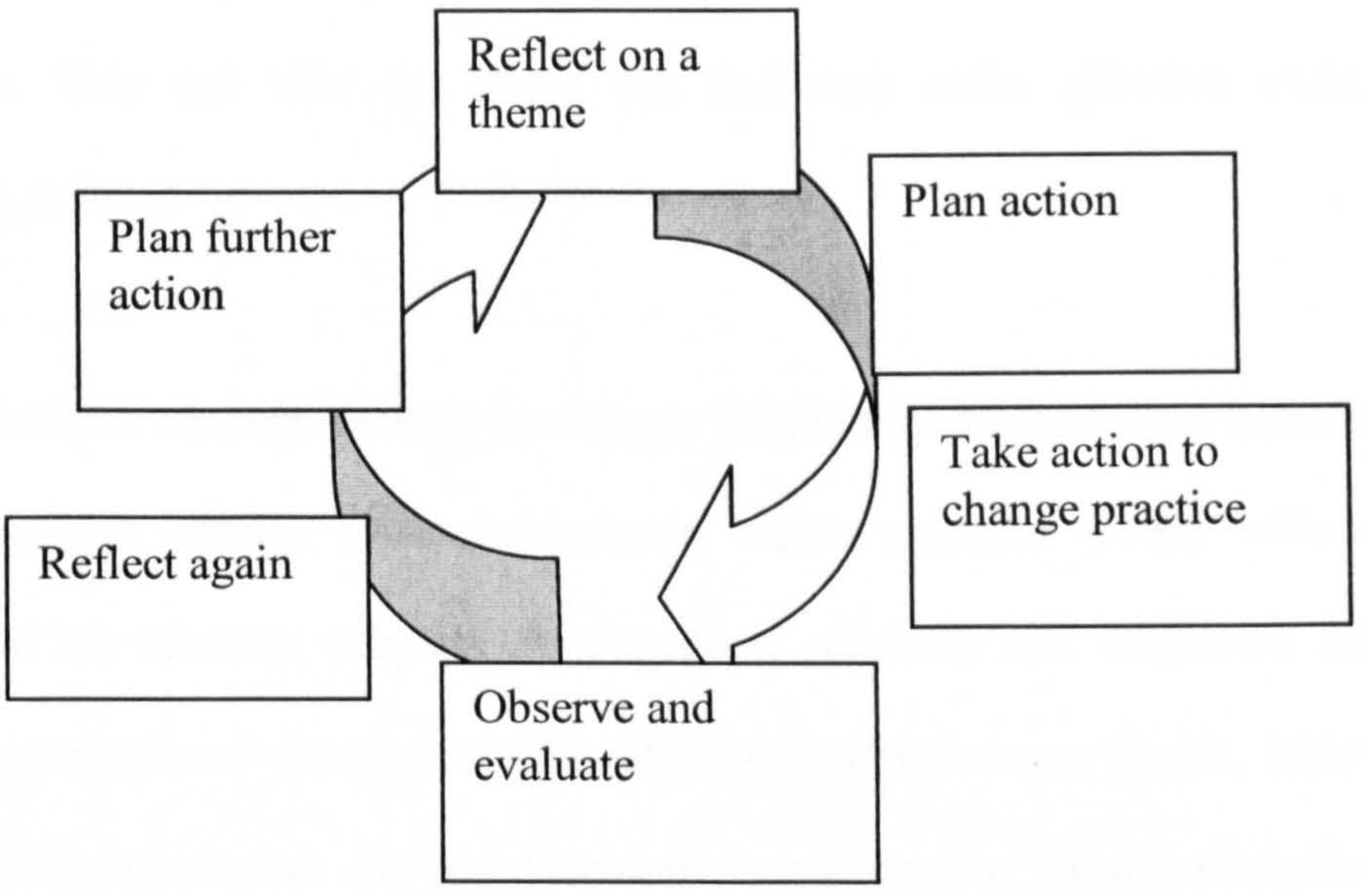

Figure 3.8: Action research spiral with six elements (adapted from Hart and Bond, 1995a)

Changing nursing practice using action research

AR has evolved more slowly in health care settings than in education. Practitioners disillusioned by the failure of research to provide solutions to workplace problems have recently used it; thus 'the over-arching aim of action research has been to improve professional practice and raise standards of service provision' (Morton-Cooper, 2000:14). Waterman et al (2001) reviewed AR studies in nursing and health care and found a 'real-world' focus, which was highly important for researchers, with many projects embedded in practice settings. They note that such AR studies had a long 'diagnostic' phase, with data collection and reflection on the local situation, and were highly experiential in nature, with

practitioners dealing with complex problems and issues. Addressing this complexity was a source of strength in some studies, but it also meant that the projects were frequently time-consuming and frustrating, highlighting the mismatch between operational policies and the reality of day-to-day life. Success was often difficult to assess due to lack of precision in defining outcome measures. Greenwood (1994) notes that in health care settings, the knock-on effects of changing practice are considerable: when one occupational group jettisons old ways of working, new ways of working may severely challenge other occupational groups. This can alter the status quo and may make effective multi-disciplinary working difficult.

Rolfe (1996) discusses how nursing research has largely failed to improve practice because of its embrace of social science research methods, which generate theory without improving conditions for research subjects. Participatory, reflexive and subjective AR methods generate organizational change and close the theory-practice gap (Rolfe, 1996). Similarly, Webb (1990) argues that AR has developed in response to the dissatisfaction with traditional research approaches, which change little, and because of their concern to empower people making decisions regarding their own life changes. AR is an ideal tool for nursing because it builds on people's motivations, gives them authority and offers support and resources in change processes, and enables them to learn more about research at the same time (Webb, 1989).

AR in health care settings has four potential benefits (Waterman et al, 2001). These are, first, the development of new services, second, improvements in health care, particularly the effectiveness of new policies or untested interventions; third, improving the knowledge and understanding of important policy areas amongst participants; and last, AR projects can be used to secure greater involvement of service users.

Generating new theory about nursing practice using action research

As well as changing nursing practice, AR has also been used to generate new theory (Holter and Schwartz-Barcott, 1993), but the latter ideal is not accepted uncritically. Waterman et al (1995) outline parallels and contradictions in the theory and practice of action research and nursing. They note that traditional research approaches leave nurses feeling frustrated when change does not take place as a result of their work. However, the problems encountered in trying to implement changes are as difficult to manage as the theory-practice gap. That cyclical AR models are similar to the nursing process is not helpful, as neither reconcile the complexities of the practice setting where things can change rapidly in an unplanned and chaotic manner. Waterman found it extremely difficult to identify what she actually did when nursing, and what theoretical elements informed her daily work, and she poses this as a central methodological problem for AR: 'the enunciation of practical knowledge is not easy and, inescapably, hinders the process of moving away from practice to theory' (Waterman et al, 1995:780). The recognition of tacit knowledge and its public articulation is as difficult for expert nurses as it is for action researchers and their participants. Such knowledge is altered in its articulation, meaning that practice can never be translated into theory and remains separate. Action research can enable practitioners to move between the theoretical and the practical, making explicit their tacit knowledge and generating a fuller situational understanding, as well as enabling theoretical ideas to influence practising nurses.

Titchen and Binnie (1994) argue that the generation of new theory is not a fundamental aim of AR. Rather, it is more correctly about changing practice, and if theory is generated, this is a subordinate aim to improving practice. This makes action research suitable where little is known about a question or problem, provided that researchers adopt an open stance, and a long fact-finding diagnostic phase is carried out. AR is thus able to produce tentative explanatory principles to be tested and refined during a project, and about which the

researcher must make professional judgements in order to apply them in context. Practice advances by matching appropriate action to accurate diagnosis of the issues at hand. If change does not occur and practice does not move forward, Titchen and Binnie argue that the action hypothesis is inappropriate; researchers learn from the experience and try another theory, so that the AR project is like a controlled experiment. The effectiveness of this experiment is evaluated by focused open questioning of participants. For others reading the account, a rich description of the situation is necessary so that the findings can be contextualized, and others enabled to decide if the actions are applicable to their own settings. For practitioners doing AR, there are likely to be difficulties with 'research-thinking' and 'practice-thinking'. These are incompatible because of the tension between how practitioners respond and react in practice (immediately and fluently), and how they need to respond as researchers (with rigorous analysis of the situation, careful planning and subsequent adherence to the plan). Titchen and Binnie argue that in AR as in nursing practice, it is necessary to be able to 'think on your feet' rather than act as a researcher, and they argue that this demonstrates how theory generation is subordinate to changing practice.

However, theory generation is a crucial aspect of others' AR projects. Walters and East (2001) worked with homeless women in their study, and were drawn into the realities of the women's lives. The researchers' aim was to explore the experiences of the homeless women, and a conceptual model emerged which improved understanding of the multiple and complex features of women's homelessness. Previous conceptions of homelessness as a critical event are challenged; rather, homelessness is seen as a cyclical process (which the women called 'our cycle') with common and recurring elements. New ideas about services that might make a difference to the women were proposed, with a strong non-professional emphasis, and the women theorizing that there should be a new 'Reality Worker' with experience of homelessness who could thus identify and empathize with them. This AR

work, then, did not directly change practice but generated theory, and was empowering and supportive to the women participants.

Galvin et al (1999) note that, whilst they aimed at collaboration in their AR project developing aspects of primary health nursing practice, this was very difficult to manage and sustain over time. As they were trying to generate theory, gain users' input and develop a new model for team-working, they found it difficult to set meaningful objectives at the beginning of the project, due to their overlapping and confusing objectives. However, they were able to generate a new model for teamwork in primary health nursing.

Interpersonal relationships in nursing action research

Several authors discuss the crucial importance of interpersonal relationships in AR where the researcher acts as a change agent: Morton-Cooper (2000) points out that beginning an AR project is similar to taking on new family members. Webb (1989) details her fears and insecurities when trying to initiate change in a clinical setting, and how she worked hard to overcome these with openness and refusal to get involved in the local micro-politics. Hope (1998) discusses the uncertain outcomes of AR projects: researchers simply do not know where they will end up, making it a difficult and confusing journey, but one that nurses are well-equipped to take because of their well-developed interpersonal skills and openness to others' views. However, Kelly and Simpson (2001) were acutely conscious of their proximity to participants when they introduced clinical practice facilitators in an NHS trust, believing that their close involvement blurred their objectivity and limited the 'reliability' of their findings. They note that this blurring of objectivity could be overcome by having a large number of participants, but believe this would not yield much useful insight or many context-related outcomes.

Participatory action research in health care and nursing research: improving 'quality of life' for individuals and communities

Although frequently associated with community action in underdeveloped economies, a strand of PAR is emerging in nursing and health care research. Rather than focusing on issues of economic under-development, this PAR is described as seeking to 'create knowledge that is necessary for people to take action to improve the quality of their lives' (Koch et al, 2002: 109). Koch describes using a seven-stage spiral methodology of planning, action and evaluation (figure 3.9), in which reflective processes are used to construct and reconstruct meaning through the retelling of participants' experiences, involving consciousness-raising as a first step towards change. It is this construction of meaning in PAR that she believes is important, as it is a source of strength to participants. Group processes provide them with support and validation of their fears and concerns (Koch et al, 1999; Koch and Kralik, 2001), but may also act to censure and enforce conformity (Koch et al, 2000). Therefore skilled facilitation is required, and this role is crucial to the success of projects. (Koch, 2002; Koch and Kralik, 2001).

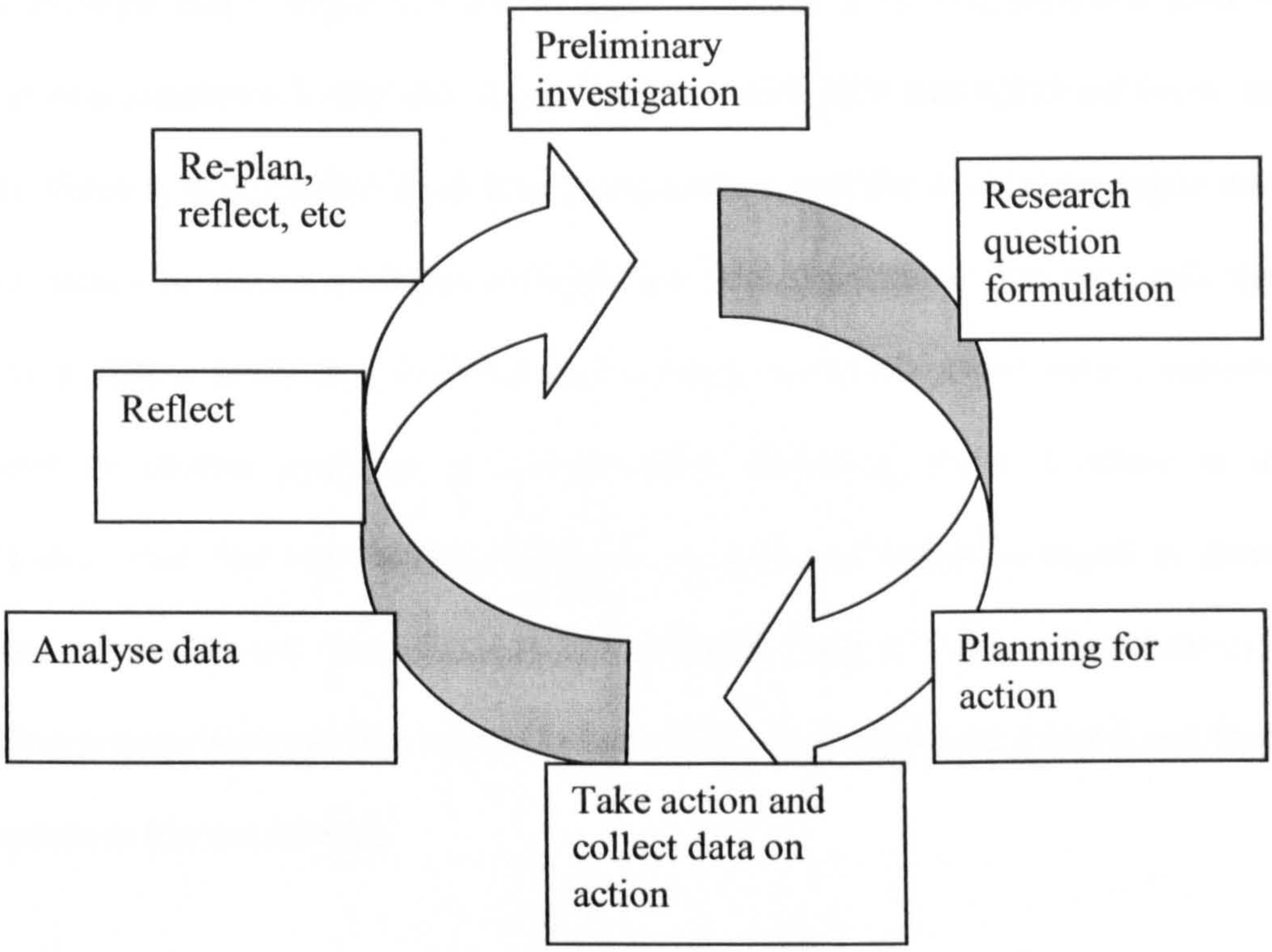

Figure 3.9: Seven-stage spiral methodology of planning, action and evaluation (adapted from Koch, 2002).

Koch et al (2002) discuss projects where this PAR approach was used. In their study of workplace violence, critical reflection on nurses' personal experiences was facilitated, and this dialogue was instrumental in the development of a model of best practice and an education package to help nurses deal with violence at work. In a second example, Koch and her participants developed wound management practices, and the collaborative nature of the project not only changed practice, but also benefited group relationships and job satisfaction. A third study empowered women with multiple sclerosis who presented with urinary incontinence to develop self-management techniques. They also petitioned government agencies to improve access to public toilets, and improved the distribution of incontinence supplies by manufacturers.

PAR methodology has also been used to secure community involvement in health promotion projects. Lindsey and McGuinness (1998) discuss work aimed at reducing the

risk of falls amongst older people in Canada, and Lindsey et al (1999) outline a second project to develop supported living and respite facilities with HIV and AIDS sufferers. In both projects, there is an explicit critical theory perspective, and the researchers argue that PAR allows nurses to create effective partnerships with 'oppressed' groups, with the researcher as a skilled facilitator. As PAR methodology involves community members taking control of change processes and developing leadership roles, Lindsey et al (1999:1243) state that 'the knowledge, skills and expertise of nurses engaged in these processes are very different from the more traditional "expert" role of professional practice'. Thus practitioners and researchers must relinquish professional control and trust their participants in the community.

Critical voices in nursing action research

Arguably, the organizational culture prevalent in the NHS, with its emphasis on improving quality whilst reducing costs, means that AR may be another means for managers to ensure that nurses are compliant with managerial priorities. Reflective practice may be used as a method for individualizing and controlling the workforce to ensure that managerial goals are internalised (Hart, 1996). Hart (1996) is pessimistic that AR in such a hierarchical culture can be genuinely democratic, but argues that it has potential if used appropriately to empower a largely female workforce. Elsewhere (Hart and Bond, 1995a), she argues that 'new paradigm' research has emancipatory and empowering potential for nurses, based on its critical perspective, but, if used wrongly, it can be subverted and used to exercise more subtle forms of power over already powerless nursing staff.

Hospital wards are also likely to be unstable environments, subject to continual staff changes, and the lack of clarity exhibited by action researchers concerning their study designs and outcome measures make it a less popular methodology than others for managers and research-funders (Sparrow and Robinson, 1994). AR projects are rarely truly

collaborative, as researchers are frequently not actually members of the ward team, and this means that the experience of being researched is likely to be painful and embarrassing for nurses, who may suspect that the researcher has a management agenda with an obligation to participate placed on them by managers. Thus involvement in nursing AR studies may mean that nurses are coerced, without giving informed consent. AR is only suited to situations where the researcher is an 'insider' and part of the ward or clinical area, in small, single ward-based studies, rather than an external researcher (Sparrow and Robinson, 1994). However, this assertion about 'insider' studies in nursing requires further discussion.

Methodological implications of research in one's own organization

Coghlan and Brannick (2001) discuss the methodological implications for researchers working in their own organizations, arguing that one's whole self, rather than a defined part, is caught up in the project. This process will transform the individual, who is required to look at their organization through fresh eyes and develop new relationships and a new understanding at first hand. Rather than being an outside 'ethnographic' observer, the insider is intimately connected with policies and personalities. This can be useful in the project because the insider does not need to learn new terminologies and ways of working but it can also be problematic when the researcher encounters the micro-politics of their organization, particularly if they plan to stay employed there at the end of the work. There is also a dichotomy between the action researcher as project manager for an organization and the needs of the researcher undertaking research for a higher degree, because the broad criteria for success are different. An organization is likely to measure success by the extent to which practice is changed or developed, whilst in a higher degree submission, this may be only one of many aspects of the academic quality and rigour of the work.

The organizational researcher may also work with other participants and develop a range of strategies to effect change but not have authority to implement it, or have more senior colleagues in project management roles with little detailed understanding of the project work. If the researcher is also the organization's project manager, the work may require less personal reflection and more exercise of interpersonal skills than if they are not. Coghlan and Brannick (2001) construct a grid to conceptualize research activity that distinguishes between the extent of 'self-study' (figure 3.10).

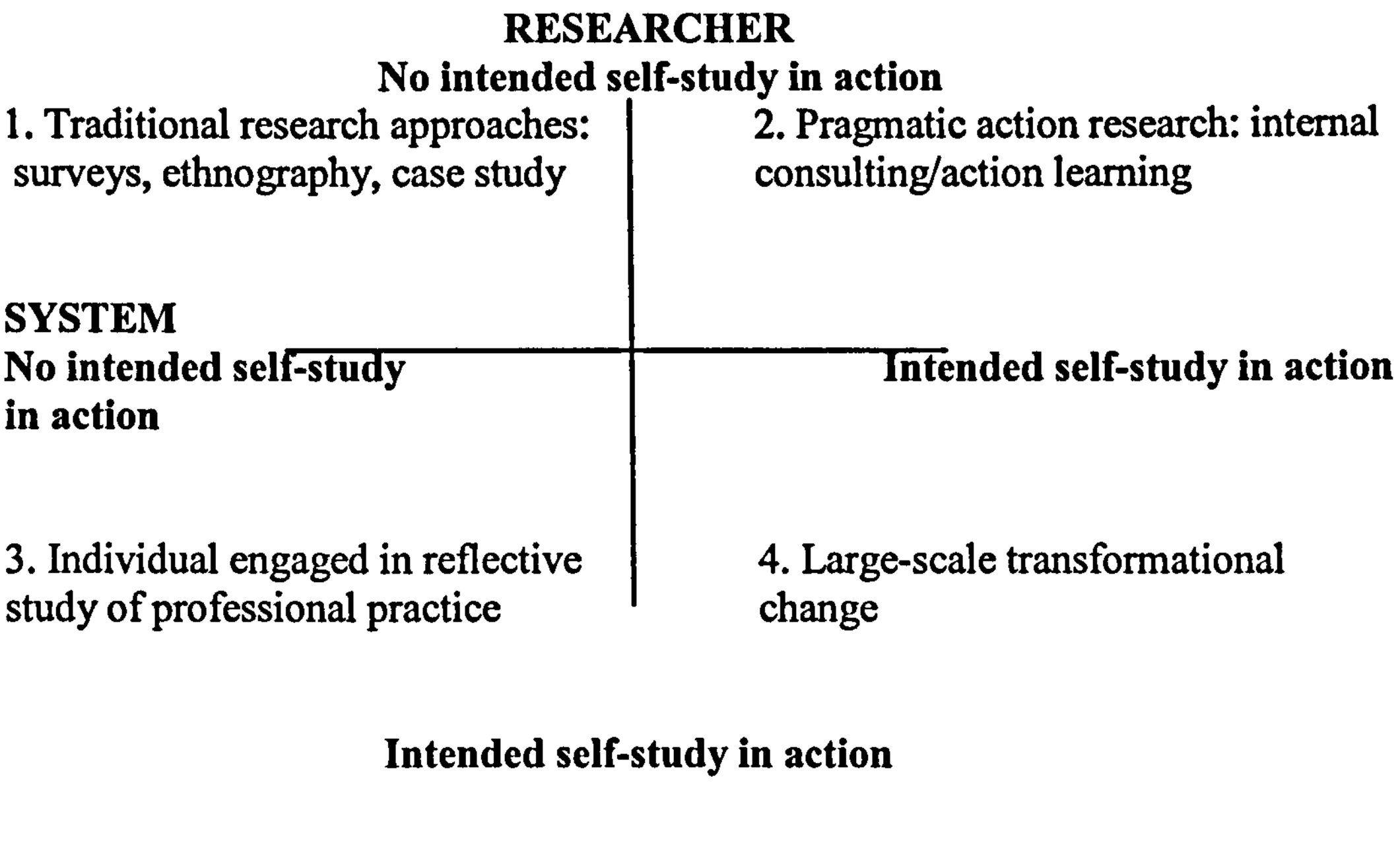

Figure 3.10: Focus of researcher and system (Coghlan and Brannick, 2001:44).

Quadrant one is defined by an absence of self-study by the researcher and the system, where a problem or issue has been identified and treated as entirely external to the researcher who intends no deliberate reflective work as part of the project. The system also intends no self-study activity. This includes traditional research activity. Quadrant two applies where there is no intended self-study and what is under study is the system in action. This is termed 'pragmatic' or 'opportunistic' AR and includes change management projects where there is no reflective activity carried out. Such projects are management-led within a limited time-scale, typically for master's degrees, and whilst there is a change

strategy, they have not really been set up as AR projects. In quadrant three, there is self-study intended by the researcher but not the system itself. The researcher would therefore be a reflective practitioner, who attempts to change some element of practice directly relating to their job or organization. In quadrant four, there is self-study intended by the researcher, and the organization has also made a commitment to change its practices in order to learn and transform elements of its operations. Here the researcher is likely to be part of a more generalized reflection on practice in which systems and individuals participate, and external consultants may play a part as facilitators. For Coghlan and Brannick, action research involves working in quadrants two, three and four. They see the success of AR as revolving around the willingness to reflect that individuals and their organizations have: workers in quadrant four are much more likely to achieve large, lasting and beneficial change because they are supported by their organizations

There are other areas where AR is problematic for those working in their own organizations, according to Coghlan and Brannick (2001). These are researchers' roles, secondary access, and pre-understanding. Regarding researchers' roles, they argue that there may be significant role confusion, the extent of which is determined by the individual's existing work role: if the sole existing role is that of internal change agent (in quadrants two and four), then there is likely to be less confusion than if a researcher has another functional role in the organization. In quadrant three, full participation and commitment are required but the existing role can conflict with the more theoretical and analytical demands of the research role. Such role duality is likely to be difficult to manage and confusing, leading to role conflict (Coghlan, 2001). These conflicts are potentially so severe and enduring that the researcher becomes detached and less effective in both roles, although these detachments can fluctuate and be re-aligned as the dual roles progress. Also, new research relationships with members of the organization mean new alignments, setting the researcher apart from current colleagues and altering data collection methods.

Dual-role action research is therefore a psychological minefield. For senior people in organizations the research role may be jeopardized by their organizational role, as information given in confidence is likely to be selectively edited.

Coghlan and Brannick (2001) argue that insider action researchers have good primary access to data, being already members of the organization, but may not have secondary access to other relevant parts of the organization. This is particularly relevant in quadrant three, where the organization is not committed to self-study and change. Secondary access is influenced by the researcher's status in the organization, which can restrict or allow access: a lower position in the organization may restrict access to formal sources, but a higher position may limit access to informal networks and the 'grapevine'. Whilst the researcher requires fullest access for the rigour and validity of the work, superiors may have concerns at the extent of openness they are prepared to allow.

Regarding pre-understanding, Coghlan and Brannick discuss how the knowledge and insights of the insider action researcher relate not only to a theoretical understanding of the organization, but also to the lived experience of the organization's dynamics, jargon and taboos (Coghlan, 2001). They argue that organizations lead two lives. The formal documentary life of mission statements, policies and procedures may contrast sharply with the informal private life, which individuals and groups experience as cultural norms, traditions, and shifting power alliances 'organizations are centres of love, hate, jealousy, goodwill and ill will, politics, infighting, cliques and political factions, a stark contrast to the formal rational image which organizations tend to portray' (Coghlan and Brannick, 2001:54). This is an advantage for insider researchers who understand these issues and are able to participate unobtrusively (Coghlan, 2001) but also a disadvantage as they are close to them, and this may hinder the re-framing that is necessary for analysis of events. Thus

an insider must work consciously to overcome their pre-understanding and be dispassionate about it when writing an account.

Political aspects of action research in one's own organization

According to Coghlan and Brannick (2001), the political aspects of research for insiders are greater than for others doing AR. Diagnosing the issues to be addressed requires judgements to be made by researchers, and these may be regarded as subversive by superiors, or even as acts of sabotage, however collaboratively they may have been conducted, because questioning organizational and individual practices, norms and beliefs is involved. While the action researcher may seek to generate useful information in order to inform decision-making and foster genuine informed choice, this information is intensely political; identifying issues is a fluid and dynamic process and the importance of issues alters with time, deeper understanding and the interpretations of different institutional actors (Coghlan, 2001). This requires political acumen on the part of the researcher, who needs to be a 'political entrepreneur' who is required to use two strategies in order to succeed and manage organizational politics. These are first, performing: giving the public performance of being involved in the change process; and second, back staging: working to build consensus using their understanding of existing political and cultural situations. This will involve compromises if it is not to jeopardize the researcher's career. At the end of the project, the insider must be willing to work the political system in order to balance what the organization wants from the work with the researcher's desire for change, and this requires managing superiors in an astute and practical manner which acknowledges the relationships key managers, participants and the researcher have with each other.

'Insider/outsider' issues in nursing action research

A number of researchers have considered 'insider/outsider' issues in nursing AR but, as Coghlan and Casey (2001) argue, action researchers in nursing give only a limited picture of the issues concerning 'insider' AR, as they have frequently been 'friendly outsiders', rather than permanent members of the team.

The 'double-act'

Titchen and Binnie (1993a) discuss how they established a 'double-act' relationship in their work developing patient-centred nursing. Despite different professional backgrounds, they shared the same basic values on health care and worked collaboratively as 'actor' (facilitator/change agent) and 'researcher'. They argue that a wholly 'insider' role was inappropriate for their work as there were potential problems in terms of 'objectivity' in the study, for the willingness of participants to disclose information, and the personal costs for the researcher trying to achieve change whilst running a ward and studying for a higher degree. They also argue that a wholly 'outsider' role (with the researcher as an external facilitator) is problematic as there is a danger that the outsider initiates change which is not fully owned by the participants or is resisted. They conclude that 'outsider' studies in nursing are less successful, as authority is vested in the researcher and the study is not truly collaborative or democratic. They argue that their 'double-act' combines the best and avoids the worst of the potential 'insider/outsider' tensions. In their work, the research elements and authority required for an effective change agent/actor rested in different people, with the actor able to concentrate on facilitating change but also collecting data in the field. Elsewhere (1993b) they argue that the authority of both insider and outsider is legitimate as the outsider has authority to be in the situation but only the insider has the authority to change practice within it. They outline how their double-act was made effective through several means: regular, formal, tape recorded reflective conversations, clear dissemination of ideas, working together to speed up change and acting as 'stooges'

for each other in discussions with other participants. This worked effectively as they were of 'one mind', which allowed them to support each other in a symbiotic relationship. The pitfalls they identify with the 'double-act' relate to guilty feelings: of the 'actor' about not doing enough 'research' activity, and of the researcher about not doing enough practice. These dilemmas were mediated by an open relationship.

Titchen and Binnie (1993a&b) note that their model differs from more traditional group models in the AR literature, and rather than trying to work in a strictly collaborative manner, they created 'collaborative groups' of ward sisters and staff nurses, then worked with them in their double-act roles to develop nursing practice. This required a great deal of sensitivity in their leadership roles, and was demanding and draining, but satisfying.

However, the 'double-act' role has not always been so successful: in his work as research assistant to an AR project attempting to implement primary nursing, Pontin (Webb et al, 1998) expected to work with an experienced clinical nurse specialist (CNS), who was to be the insider facilitating change. His role was initially about evaluating the initiative, but Pontin experienced considerable ambiguity when appointed as research assistant because the CNS was on long-term sick leave when Pontin arrived, and ward staff looked to him for project management and support. He was keen to become involved with these aspects of the work, but did not have the managerial authority to take them on. When the CNS returned, there was initially a clearer distinction between research and facilitation elements, but with the eventual appointment of a new CNS, Pontin found his roles continually blurred and altered in order to facilitate the project. The fluctuation in the visibility of the CNS meant that he was quickly required to go from being an outsider to an insider. This was confusing for staff as well as stressful for Pontin, who found himself in a different role from that to which he had been appointed.

From 'outsider' to 'insider'?

Galvin et al's (1999) study employed a 'research-practitioner' acting as a change agent to introduce new roles in a district nursing team. They believed that this person could become an 'insider' to facilitate change by working as part of the nursing team. Continuous negotiation was required between the nurses involved, particularly the research-practitioner's role within the team and her relationships with the clinical nurses, who misinterpreted her function as to be primarily part of the nursing workforce. She encountered role confusion, and did not meet the expectations of other participants, several of whom found the changes planned to working practices very challenging. Galvin et al encountered the resistance to change and abdication of leadership within the clinical team difficult to overcome.

Webb et al (1998) decided that the action researcher in their study needed to build trust between herself and ward-based staff. Although an experienced district nurse when seconded from her lecturing post by a Health Authority to set up community services for HIV patients, in this Health Authority the majority of AIDS care took place in hospital. Thus the researcher worked as a staff nurse in the unit, but initially found a secretive and protective atmosphere amongst nurses. She failed a clinical 'initiation ceremony' involving safety aspects of IV medication administration but, rather than withdrawing from the situation, she persevered and eventually became more accepted by staff, who realized that her goal of establishing community services for this client group was worthwhile. Staff soon saw that she cared about her patients and came to accept her as 'one of the family'. With a grounding in ward-based work, she was able to develop a Community Liaison Team that provided much-needed support for herself, and quickly developed effective community services.

Webb (1989) also was an 'outsider' trying to become an 'insider' in her AR work developing nursing and management skills in a clinical area. Her strategy in the initial phase of the project was to work as a nurse on the chosen ward, in order to build rapport with all the ward staff before attempting action or change, and not controlling or dominating clinical situations as a result of her concurrent role as a nurse teacher. Although embarrassing and uncomfortable at first, eventually the strategy allowed her to be accepted as a colleague, established her credibility with the nurses and the personal relationships were instrumental in carrying out the project.

Hart and Bond (1995b) outline Bond's involvement as an insider trying to change medication practices in a nursing home. Being an insider gave her valuable access to documentation and participants, but she was still severely constrained by lack of time and resources, as she had to continue with her role as the home's manager. Having responsibility for dispensing medications, she was intimately familiar with the residents' needs, issues of safe dispensing of medication and staff training. However, despite being an insider, she met with considerable resistance to change from senior staff exhibiting poor practice and caring behaviour towards residents, who turned residents' entitlement to medications into a power game.

SECTION 3. ETHICAL CONSIDERATIONS AND ACTION RESEARCH METHODOLOGY

Traditional research approaches rely on ethical considerations such as not doing harm or distorting data, confidentiality, informed consent, honesty, and the right to withdraw (Coghlan and Brannick, 2001; Winter and Munn-Giddings, 2001). AR also has these concerns but there are particular issues in AR, such as the relationship between researcher and participants, which make ethical issues in AR methodologically unique (Lathlean, 1996b).

The moral responsibilities of action researchers

Stringer (1999) discusses ethics in AR as relating to the worth or value of the project: AR is conceptualized as an inherently moral undertaking because it engages individuals in a dialogue with other members of their community to improve some aspect of community living or work practice. For Stringer, the underlying ethical principle in AR is that of caring as an expression of human values. This is discussed as similar to standpoint epistemology, emphasising how a meaningful understanding of a situation can be constructed only by starting with the experience of individuals and groups themselves. However, this view neglects the argument that there is ethical confusion surrounding the potentially conflicting roles for nurses in AR. The multiple roles of the 'insider' action researcher mean that a participant disclosing sensitive information may not be clear to whom information is being disclosed – the researcher, the colleague or the friend – as each role exists simultaneously in one person (Williams, 1995).

Ethical consequences of action research

Traditional ethical approaches ignore AR as a political enterprise for the insider action researcher (Coghlan and Brannick, 2001). Thus AR work has potential consequences for the careers of researcher and participants, and the political and participatory nature of AR alters the ethical considerations governing the research in two ways. First, as researcher and participants collaborate closely, it is difficult to guarantee confidentiality and anonymity in an AR project: others in the organization will know who participated, and although data collection and analysis can be made confidential and anonymous, completely disguising data in finished reports and theses is difficult (Webb et al, 1998; Morton, 1998; Lathlean, 1996b). Lathlean (1996b) goes further, saying that complete confidentiality and anonymity are sometimes inappropriate, as, for example, when her participants (who were 'trainee ward sisters') were not suitable for the posts for which they were being prepared. Second, as AR is a journey (Hope, 1998) which evolves through participation, reflection

and purposeful action, it is unlikely that 'informed consent' is meaningful: neither researcher nor participants know where the journey will take them in advance and cannot know fully to what they are consenting. For Lathlean (1996b), using observation in a ward-based project to develop ward sisters, her participants might refuse to complete a questionnaire but they could not refuse to be observed at work; they had implicitly consented by taking up their 'trainee' posts and withdrawal might have severe consequences for their careers.

Meyer (1993) argues that traditional concepts of informed consent are therefore inadequate in AR. Consent centres on participants' initial willingness to take part in the project, and broad support of the ideas for change set out by the researcher and other participants. This means that in AR, consent is likely to need continual re-negotiation between participants and researchers. This is particularly the case where there are frequent changes in personnel, as for example in a hospital setting where staff may be regularly leaving, to be replaced by new staff (Meyer, 1993; 2000).

Traditionally, research subjects who are unhappy or adversely affected by the research can withdraw; this is frequently not the case in AR but is particularly relevant. Change is frequently threatening and challenging, and is likely to cause fear and anxiety amongst some participants. For Meyer, co-operation in AR is always to some degree *forced* and this contradicts the AR ethos of willing collaboration. Similarly, Morton (1998) argues that there is likely to be some element of deception where an action researcher seeks the dual goals of academic and practical success. For example, in her AR project aimed at changing female school children's attitudes towards science, Kelly (1989) deceived into participation the school's mostly male teaching body by emphasising the professional rather than the emancipatory feminist aspects of the work, as their negative attitudes towards feminism might have sabotaged the project. Kelly's political vision was given

ethical priority over informed consent (1989:108): 'I am not arguing that the principle of informed consent should be abandoned: only that it should be viewed in combination with other ethical principles, not as the over-riding principle'. Indeed, she argues that her observation of how teachers created and recreated gender inequality would have been compromised if she had disclosed fully the nature of the project in order to gain informed consent. This deception applied particularly to data collection, as Kelly and her co-researchers did not tell teachers that they were writing field notes analysing their conduct, or feed these data back to the teachers in any way. She is sensitive to the criticism that she acted unethically, arguing that she sheltered participants from identification and that the area of investigation justified her actions. However, such behaviour is clearly contrary to the collaborative spirit of AR.

Ethical codes and professional morality in action research

Hart and Bond (1995b) give examples of desirable ethical codes for AR. However, this approach is unlikely to be effective, as the practical and philosophical problems in the construction of such codes apply to AR just as they do to other nursing research. Contrasting ethical arguments – deontology and consequentialism – both support the establishment of ethical codes (May, 1993): a deontological position requires research judgements to be made according to universal rules, but these are unlikely to cover all situations, and are thus inadequate to guide action (Seedhouse, 1988). In AR, projects evolve, are negotiated and involve collaboration and open dialogue between participants and so such codes will be particularly unsuitable. A consequentialist approach emphasises the circumstances in which researchers find themselves and is therefore a more useful approach for AR work. However, rigid adherence to any ethical code would seriously limit the scope for action researchers, limiting the exercise of accountability in the workplace and prohibiting participant-driven change, because researchers would not be able to guarantee strict adherence to confidentiality clauses (Galliher, 1973).

More useful than creating and adhering to codes for action researchers in nursing is the idea of professional morality (Williamson, 2001). Nurses are already accustomed to personal accountability for their practice (for example United Kingdom Central Council for Nursing, Midwifery and Health Visiting, UKCC 1992a; UKCC 1996). All nursing practice, including research, operates within a well-established regulatory framework, and this entails a professional duty to 'act always in such a manner as to promote and safeguard the interests and well-being of patients and clients' (UKCC, 1992b:1). Thus a nurse acting in a research capacity would already be liable for removal from the professional register for unethical behaviour, and this applies in an action research context as in any other. This is a better guarantee of appropriate behaviour for action researchers in nursing than ethical codes, as:

> 'research that is focused on practice and has its emphasis on engagement has a political and ethical agenda, which the practitioners can begin to articulate through a critical and reflexive dialogue with their own individual and professional morality' (Freshwater, 2001:790).

Thus, participants are more likely to be safeguarded through professional morality and existing regulatory frameworks than by establishing new research codes in AR.

Implications for researchers and participants in action research

Reconciling these ethical considerations is difficult: they exist in a tension that is mediated by the context in which AR takes place (Tickle, 2001), as is building ethical contracts into AR (Morton, 1998). This may account for the difficulties some researchers have had securing continued collaboration with participants (Webb et al, 1998), and for the fact that the AR literature contains such inconsistencies as exhorting researchers to maintain scrupulous confidentiality whilst at the same time making sure that there is openness in the disclosure of data to facilitate negotiation (Tickle, 2001).

Protecting participants from harm in AR

As AR is about collaborative working, researchers and participants should ideally have equal responsibility for the findings, and therefore the political and organizational consequences of the project. This is a particularly useful idea when the researcher and participants are all 'insiders' and the project is genuinely collaborative. It is less clearly useful when the researcher is an outsider or external facilitator who may 'project manage' the AR work before moving on. In this circumstance the researcher must be clear that participants accept and verify the report or other findings so that any burden of responsibility is shared. Carson et al (1989) argue that if AR is truly collaborative then the only way to resolve these issues is through mutual discussion and reflection, and they assert that the ethics of AR arise from the practice of AR, resting on the ethical values of hope, openness, caring, negotiation, and responsibility. Whilst attractive, these ideas are framed in terms of educational AR, and Carson et al discuss them using examples of teachers changing practice, uncontaminated by managerial context. Brannick and Coghlan (2001), however, acknowledge the political reality of power in organizational life. They argue that the emphasis in AR on participation means that authentic relationships are required, and the action researcher (as key instigator and change agent) has a duty to protect their co-researchers. The researcher must therefore be willing to take professional and personal responsibility for obvious harm and interpretations discussed in published work, and might legitimately 'shelter' less powerful or more vulnerable participants if required (Williamson and Prosser, 2002a, b&c).

SECTION 4: METHODOLOGICAL IMPLICATIONS FOR THIS STUDY

Three questions must be addressed in relation to this study. These are, first, which AR model will be used?; second, what are the implications of the insider/outsider debate for the work?; third, how is rigour to be guaranteed in the study?

Which model of action research?

McNiff and Whitehead's (2002) spiral methodology involving planning, acting, reflecting, planning again and observing for change will be used here, as it most clearly represents the structure of this project. Their early model (figure 3.6) has been refined to a more complex one (figure 3.7), showing AR as a generative transformational evolutionary process, which allows for 'spirals within spirals'. These ideas are more useful than, for example, Lewin's 'experimental' (1946) concepts, which emphasises a 'programmed' approach to change, and this is too rigid a conception for this study: as McNiff and Whitehead (2002) discuss, a high degree of flexibility is needed in AR, and this is very important in this study, as aspects of the project are likely to progress at different rates.

What are the implications of the insider/outsider debate for this study?

This study will take place in the workplace of those involved, and therefore can be described as 'in one's own organization' (Coghlan and Brannick, 2001). However, as the LPs are employed by two organizations, and are a unique occupational group within each organization, they will be insiders in two settings, whilst I will be an insider in the sense of being an employee of the organization under study, and an outsider to the group of LPs. As the LPs do not work together as nurses on a ward might do, it will not be possible for me to form relationships and gain their trust by working closely with them on a daily basis, as others have done in nursing AR (Webb, 1989; Webb et al, 1998). A version of Titchen and Binnie's (1993a&b) 'collaborative groups' arrangement will therefore be used. This will involve working closely with a small number of LPs – a collaborative group – to develop policies, change employment practices and disseminate important ideas to other LPs, by integrating their ideas and contributions using various data collection methods and feedback strategies.

How is rigour to be ensured in this study?

Adherence to the principles of the scientific method are inappropriate in an AR study, and so other rigorous procedures must be demonstrated: as I will be doing AR in my own organization, it will be important to demonstrate that biases and personal interpretations are acknowledged, challenged and developed in the account, and that participants' voices to are allowed emerge. This reflexivity is a crucial element of AR work (Waterman, 1995; 1998).

My proximity to the research is a source of strength, in the sense that it allows access to participants and to sources of data, but is a weakness if it drives my interpretation of events. To ensure that this is not the case, I will use the ideas of several writers in order to secure academic rigour. As Coghlan and Brannick (2001) suggest, showing that AR is rigorous depends on multiple cycling, discussion of the reflexive nature of the work, how different views of events are secured, and how these challenge the work. In addition, Bradbury and Reason's (2001) five choice-points will be used to evaluate the work, to which Titchen (1995) adds methodological triangulation. For McNiff et al (1996), AR accounts need to discuss how new understanding is produced, and how tacit knowledge is made explicit. The processes by which rigour will be demonstrated are summarised below:

1. Bradbury and Reason's (2001) choice-points in AR. These can be summarised as:

- Are participants energized?
- Have individual's actions changed?
- Are data collection methods appropriate?
- Do participants now live a better life in the organization?
- Are there enduring structures?

2. Coghlan and Brannick's (2001) ideas for demonstrating rigor in AR. These can be summarised as:

- Demonstration of multiple cycling
- Discussion of the reflexive nature of the work
- How different views of events are secured
- How these latter challenge the work

3. Methodological triangulation (Titchen, 1995).

4. McNiff et al's (1996) discussion of:

- How new meaning and understanding is produced
- How tacit knowledge is made explicit

CHAPTER 4: METHODS OF DATA COLLECTION AND ANALYSIS

INTRODUCTION

This chapter discusses the use of the various methods of data collection and analysis in this study, and how triangulation will be achieved. It is divided into seven sections. I begin by outlining the aims of the study, followed by the study design, sample and methods of data collection. Fifth and sixth sections cover, respectively, ethics procedures and methods of data analysis. Arguments and issues discussed are summarised in a final section.

SECTION 1: AIMS OF THE STUDY

The aim of this study is to develop aspects of LPs' work roles at the School, and to examine LPs' occupational stress and burnout.

SECTION 2: STUDY DESIGN

In order to develop aspects of LPs' work roles at the School, the study will use an action research methodology, with a 'spiral framework' based on that of McNiff and Whitehead (2002; see figure 3.7) and a collaborative group relationship (Titchen and Binnie, 1993a) between two LPs and myself. As with many AR projects, the work will be evolutionary in nature, and its exact design is not possible or desirable to specify in advance: the direction in which the work progresses will depend on the discussions in the collaborative group (Hope, 1998; Coghlan and Brannick, 2001). However, it is planned that qualitative data collection will take place in focus groups, by use of reflective diaries written by collaborative group participants, and from a series of meetings with LPs and other 'stakeholders' in the university and local trusts (discussed in more detail below).

In order to quantify and examine LPs' occupational stress and burnout, and to triangulate findings from qualitative data analysis, a questionnaire survey will be undertaken, using

the Occupational Stress Indicator (OSI; Cooper et al, 1988) and the Maslach Burnout Inventory (MBI: Maslach and Jackson, 1986). The research questions are 'How does these LPs' occupational stress and burnout compare to other workers?' 'Do LPs' biographical data have measurable impacts on their occupational stress and burnout?' and 'Does taking action on LPs' occupational stress and burnout have a measurable impact on these concepts?' These research questions are tested by comparison with norm reference data, and by the following null hypotheses:

Null hypotheses

Six null hypotheses will be tested, as follows:

1. There is no correlation between LPs' experience index and their occupational stress (as measured on the OSI subscales)
2. There is no correlation between LPs' experience index and their burnout (as measured on the MBI subscales)
3. There is no correlation between LPs' qualifications index and their occupational stress (as measured on the OSI subscales)
4. There is no correlation between LPs' qualifications index and their burnout (as measured on the MBI subscales)
5. There are no differences between LPs' occupational stress scores before and after the project (as measured on the OSI subscales)
6. There are no differences between LPs' burnout scores before and after the project (as measured on the MBI subscales)

Theoretical rationale for null hypotheses

These null hypotheses are supported by and reflect concerns in the literature regarding nurses' occupational stress and burnout. There has been no previous attempt to measure these aspects of LPs' working lives. However, Koivula et al (2000) found that educational

qualifications, age and work experience were factors in nurses' burnout (using a different rating scale than the MBI). Those with continuous professional education post-registration were less likely to be burnt out, whilst staff with only secondary-level education (e.g. unqualified staff), were significantly more burnt out than others. Age was important, as the youngest staff members were the most enthusiastic about nursing (and least burnt out). Staff with more than 10 years nursing experience were more burnt out than those with less experience. Null hypotheses numbers one to four were constructed with these ideas, and with Hollingworth's (1997) study in mind. This identified LPs in England as a group of senior and well qualified and experienced practitioners. It is possible that their seniority, qualifications and experience might have an impact on their occupational stress and burnout.

Several research studies discuss problems associated with LPs' stress and burnout. Hemphill et al (1996), and Shepherd et al (1999) found that the LP role could be particularly stressful for post-holders. Childs (1995) and Elcock (1998) discuss LP roles as having a high potential for burnout amongst post-holders. For Hollingworth's (1997) respondents, role conflict was common, as were conflicting demands from the 'service' and 'education' sides of the role, producing overload. Arguably, the physical separation of LP from clinical colleagues and their existing support systems exacerbates this. Fairbrother and Ford (1997) and McCrea et al (1998) noted that there were conflicting expectations of staff development for role occupants, a lack of career structure and a lack of personal and professional support.

This occupational stress and burnout might be amenable to modification amongst LPs, particularly by support (Williamson and Dodds, 1997), and there has been some success doing this with nurses using clinical supervision (Butterworth et al, 1997). Null hypotheses numbers five and six were constructed to demonstrate if the support groups established for

LPs in this project could achieve quantifiable success. The project is assumed to be an 'intervention', designed to have an impact on LPs' occupational stress and burnout.

SECTION 3: STUDY SAMPLE

The study sample for both qualitative and quantitative aspects of data collection will be all LPs in post at one English School of Nursing in the South West of England during the period of the study. This sampling methodology provides a purposive sample for the focus groups, and a whole population for the questionnaire survey.

SECTION 4: METHODS OF DATA COLLECTION

Triangulation

Several AR authors mention triangulation (Titchen, 1995; Hart and Bond, 1995b; Morton-Cooper, 2000) as a process for investigating a situation that allows the limitations of each method to be transcended by comparing findings from different perspectives. However, the concept is not well developed in the AR literature, and discussion therefore requires a wider focus.

Triangulation ensures a sophisticated rigour, by making public researchers' decision-making, although the interpretations will never be exactly the same between methods and between users of triangulation strategies (Denzin, 1989): researchers create the world they are observing; it does not exist outside of their observation in the sense that natural science phenomena are frequently discussed as doing. Denzin (1989) defines triangulation as the combination of more than one theory, data source, method or investigator in the study of a single phenomenon. This is useful in order to overcome the deficiencies inherent in a single-theory, single-method, or single-investigator study (Kimchi et al, 1991).

Denzin discusses four methods of triangulation. First, data triangulation involves using many different data collection sources. Second, investigator triangulation means using more than one researcher to collect and analyse data. Third, theoretical triangulation involves using more than one theoretical approach (Marxist, feminist, phenomenological, interactionist) to interpret the findings. This is difficult and is rarely achieved satisfactorily; usually occurring after the study is completed (Shih, 1998). Lastly, Denzin discusses types of methodological triangulation. These are 'within-method', and 'between-method' triangulation. Within-method triangulation involves using different data collection methods within one paradigm. For Denzin, this is not a good triangulation strategy alone, as the problems of these methods are simply replicated many times. Between-method triangulation is more useful. Denzin sees this as having potential to overcome the inadequacies of each paradigm, but notes that researchers should not expect *identical* findings to emerge: they could not when the perspectives and theoretical assumptions behind the methods differ. Instead, methodological triangulation allows a wider, or more complete, picture to emerge than that presented by single methods work alone, producing 'a fully grounded interpretative research approach. Objective reality will never be captured. In-depth understanding, not validity, is sought in any interpretative study' (Denzin, 1989:246). This position is a reworking of views expressed in his earlier work, where he advocated triangulation as a means to improve validity (Flick, 1992; Kelle, 2001).

Thus, using triangulation gives no 'truth' guarantees to research, as it combines but does not eradicate, problems with each method of data collection (Fielding and Fielding, 1986). Methodological triangulation may be the equivalent of correlation in quantitative data. Methods arising out of different traditions do not give greater accuracy, but add range to the analysis. Rather than aiming to confound the criticism that qualitative research is subjective, triangulation is aimed at the researcher. As the ultimate arbiter of the rigour and

quality of qualitative research is the researcher, triangulation is essential as it 'puts the researcher in a frame of mind to regard his or her own material critically' (Fielding and Fielding, 1986:24), subjecting it to more rigorous scrutiny and testing than would otherwise be the case. The value of this 'self-checking function' is supported by Begley (1996), and it increases the researcher's confidence in the findings, better enabling their communication to a wider audience.

Fielding and Fielding argue that qualitative and quantitative data are particularly suited to this purpose because patterns may emerge in data analysis with one method, illustrating hidden or new understanding, which would not have been discovered using another method. Kitzinger and Barbour (1999) discuss how quantitative and qualitative methods can be combined, saying that it is useful to use focus groups and a questionnaire survey together because focus group data illuminate issues that questionnaires present in a less accessible manner, as well as challenging or confirming their findings. Combining types of triangulation gives 'analysis triangulation', or 'conceptual triangulation' (Foster, 1997; Shih, 1989), which allows a comparative framework to emerge from the various data.

Bradley (1995) discusses the strengths and weaknesses of triangulation, saying that it was initially introduced as a technique to overcome some of the weaknesses of qualitative research in the 1950s and '60s. Triangulation commonly uses a multi-methods approach to data collection in order to avoid potential errors and biases inherent in any single methodology. At its most simple, triangulation can be seen as taking the benefits of data collection methods from different methodological traditions, and leaving 'the rest', without too close a scrutiny of the possible conflicts inherent in different paradigms (Kelle, 2001). Studies may combine two types of the same collection method, but it is more usual for qualitative and quantitative methods to be used.

In contrast to Denzin (1989) and Fielding and Fielding (1986), for Bradley (1995), if two different but appropriate methods' findings are complementary, then researchers can ascertain whether their findings are valid or not. The appeal to triangulation to increase 'validity' is mentioned by Silverman (2000; 2001), who says that drawing data from different contexts allows a 'true' state of affairs to emerge. However, this is problematic, as this 'convergent function' of triangulation (Shih, 1998) is potentially valuable for quantitative researchers trying to develop measurement instruments, but it contrasts with the 'completeness function' of triangulation, which is likely to be more useful for qualitative researchers.

The completeness function described by Shih sees triangulation *not* as a guarantee of the validity of research, but as a strategy for deepening the analysis in studies. Flick (1992) argues that triangulation should be seen as an alternative to traditional concepts of reliability and validity, whilst Kelle (2001) notes that the original meaning of triangulation (a term from trigonometry for assessing the location of a point using measurements from two others) has a precise spatial meaning, which is not possible to achieve with less well-defined concepts in social research. Kelle holds that the term is a useful one, but is, none-the-less, a metaphor, and should not be overstretched by social scientists.

Triangulation in nursing research

Methodological separatism (Corner, 1991; Risjord et al, 2001) has developed in nursing research, with adherents based in either qualitative or quantitative camps holding to their ideological constructs. Corner (1991) and Cowman (1993) argue that triangulation can provide a non-paradigmatic way forward for nursing research, which may indicate a maturing research culture, and one that is moving away from its traditional reliance on methods from other disciplines. Qualitative and quantitative methods are equally rigorous, both relying on description, probability, and inference (Monti and Tingen, 1999). Whilst

those such as Dootson (1995) argue that mixing methods is confusing because the philosophical paradigms with which they are associated are logically incompatible (Sim and Sharp, 1998), Risjord et al (2001) discuss the value that the completeness function of triangulation can add to nursing research.

Triangulation in this study

In this study, triangulation for 'completeness' will be used, and is intended as a strategy for deepening the analysis, and overcoming the deficiencies inherent in each data collection method.

Denzin's (1989) four methods of triangulation will be addressed in several ways here. Regarding data triangulation, data will be generated from several different sources: personal reflective diaries of participants, focus groups with LPs, various meetings, and a questionnaire survey. To ensure investigator triangulation, the diagnostic work will involve an experienced co-moderator in the focus groups, with whom data analysis will be shared, discussed and findings agreed. Findings from this process will be subject to the scrutiny of participant feedback. The production of ideas and documentation will be a collaborative process, with the LPs and myself collaborating on various elements of the project at different times. A Steering Group, consisting of senior School personnel, some of whom have previous experience as LPs, will also discuss our collaborative work, and an evaluative focus group will be conducted with LPs, in which a co-moderator and myself will discuss the findings.

Denzin's (1989) theoretical triangulation will not be attempted, as there will be no attempt to combine theoretical approaches. Regarding 'within-method', and 'between-method' methodological triangulation, in this study, a variety of qualitative methods will be used. Denzin's second, more useful between-method triangulation will also be used, in the form

of quantitative and qualitative data collection methods. In order to communicate these triangulation strategies more effectively to the reader, a matrix of concepts and findings from different data collection methods will be used to illustrate the insights each provides (Foster, 1997).

Practical problems with triangulation in this study

Three practical problems can occur with triangulation (Shih, 1998). First, a common unit of analysis is required over time, so that the methods are actually comparing similar elements in the research design. In this study, one unit of analysis will be used: the LP work role. Second, using multiple data collection methods is likely to increase the time and money involved in studies. This is not likely to be significant in this study. Third, it is possible that researchers may not have sufficient skills or training in data collection, analysis and interpretation of diverse findings to use a multi-methods approach. With regard to this point, I have previously completed post-graduate research training in both qualitative and quantitative research methods.

However, a further important criticism of the use of quantitative and qualitative data in small studies relates to the sampling assumptions underlying them (Flick, 1992; Fielding and Fielding, 1986). Qualitative studies frequently use small, convenience samples, which give an adequate illustration of the issues under study. Quantitative methods, particularly parametric statistical techniques for analysing data, rely on large, random samples and normally distributed data. Where this is not the case, the underlying assumptions of the statistical techniques are broken with regard to their power, and to probability theory, and the results are much more likely to yield errors (Anthony, 1999). However, as I discuss below, in this study, using non-parametric measures and randomization techniques in statistical analysis will mean that no such assumptions are broken in the inferential

procedures used (Manly, 1991). Table 4.1 summarises the methods used for triangulation in this study.

METHOD DATA COLLECTION	TYPE OF TRIANGULATION	DATA COLLECTED BY	METHOD OF ANALYSIS	PURPOSE /GOAL
QUALITATIVE	**Within Method**			
Groups: Focus Groups	Investigator	GRW & co-moderators	Taped, transcribed and analysed	Diagnostic and evaluative data
Participants' feedback events	Data	GRW	Discussions collated	Participant feedback
Reflective Diaries	Investigator and Data	GRW & collaborative group of lecturer practitioners	Analysis of text	Reflexive understanding of action research process. Evaluative data. Recording development of the project
Meetings: Lecturer practitioners' collaborative group	Data	GRW LPs A & B	Discussions collated	Formulating strategy; reflection
Steering Group	Data & investigator	GRW	Discussions collated	Widening understanding; operational project management; reflection
Lecturer practitioner study day with Trust senior managers	Data & investigator	GRW	Discussions collated	Widening and deepening understanding
School Management Team and Staff Development Committee	Data & investigator	GRW	Reflective diary entry	Institutional acceptance
QUANTITATIVE	**Between-method**			
LPs' Work roles questionnaire survey	Data	GRW	SPSS; descriptive presentation, and inferential analysis using non-parametric statistical tests with randomization	Measurement of LPs' occupational stress and burnout. Widening and deepening understanding from qualitative data

Table 4.1: Summary of triangulation used in this study

Focus groups as a research method

Focus groups have a long history in academic research (Morgan, 1997), and have also been more used frequently in market research (Kitzinger and Barbour, 1999). Kitzinger and Barbour (1999:4) define focus groups as:

> 'Group discussions exploring a specific set of issues. The group is "focused" in that it involves some kind of collective activity ... distinguished from the broader category of group interviews by the explicit use of group interaction to generate the data'.

Morgan (1997:2) concurs with this view, saying:

> 'The reliance is on interaction within the group, based on topics that are supplied by the researcher who typically takes the role of a moderator ... to produce data and insights that would be less accessible without the interaction'.

Thus, they are firmly located within the qualitative, interpretative tradition. However, as Wilkinson (1998) and Kitzinger (1994) argue, authors frequently fail to utilize fully the potential that this gives for rich and contextual understanding, by failing to represent interactions within groups in academic papers.

Focus groups allow participants to generate their own questions and ideas, and pursue their own issues in their own language, rather than having these imposed by researchers (Kitzinger and Barbour, 1999). They can also be an open and flexible method of data collection (Gregory and McKie, 1996), which is non-hierarchical compared to other methods such a questionnaires or individual interviews, and is also contextual (Wilkinson, 1999). In focus groups, participants do not just agree with each other, they disagree, question one another, argue and persuade, and the dissent frequently leads to clarification, which is valuable for researchers seeking to understand a particular issue (Kitzinger, 1994). However, it is possible that a group setting can lead to exaggeration of opinions, as participants in existing peer groups seek to out-do each other's accounts (Kevern and Webb, 2001), which is known as telling atrocity stories (Dingwall 1977; Black, 1993). It is also possible that peer pressure can bias and suppress dissent and procure conformity to the

dominant personalities in the group (Wilkinson, 1998; Carey, 1995). Also, rather than reflecting group consensus, Carey (1995) argues that focus groups tend to produce more negative comments than other methods of data collection, although she has no explanation for this. In these circumstances, there is a need for sensitive moderation, and in general it is important that the groups are designed to be non-threatening, and conducted in surroundings that are familiar to participants, or there is a danger that they will be inhibited, with a negative impact on the disclosure of information (Maxwell, 1996).

Market researchers insist that focus groups should be constructed of participants who are not previously known to each other (Reed and Payton, 1997). However, as Kitzinger and Barbour (1999) discuss, properly conceived and executed focus groups can be highly effective, even for sensitive topics, and it is an appropriate and widely used strategy in the social sciences and nursing for the participants to be familiar with each other (Torn and McNichol, 1998; Waterton and Wynne, 1999). There is also some evidence that focus groups are appropriate and effective as methods in critical social science and feminist research (Johnson, 1996; Wilkinson, 1998), with the dual intention of data collection and consciousness-raising, and focus groups have also been successfully used in PAR projects (Bloor et al, 2001).

The ideal size of a focus group is a matter of discussion. Polit and Hungler (1999) say that any number of participants between five and 15 is acceptable, but Morgan (1997) argues that the ideal size is between six and 10 participants, as below that number it will be difficult to sustain discussion, and above that number it may be difficult to control the tone. Morgan (1997:43) remarks that 'ultimately, both the purposes of the research and the constraints of the field situation must be taken into account', allowing a certain flexibility to the researcher in deciding the appropriate size for their groups.

One possible criticism is that the direct involvement of the researcher can influence the participants' responses. However, for some researchers, being close to the data is a source of strength rather than a source of potential bias (McKie, 1996; Mason, 1996). Thus a group setting is a social event, of which the interviewer is as much a part as the participants, with a reflexive relationship to the phenomena studied (Hammersley and Atkinson, 1983). The findings are not *in* the data, but created through the interaction of particular researchers and respondents in particular locations and times (Mauthner et al, 1998). A further criticism of qualitative research in general, and focus groups in particular, is that they produce interesting stories, which are not generalizable (Monti and Tingen, 1999). However, as Silverman (1993) discusses, qualitative research should be more properly understood as illuminating the social world, and although the generalizability of focus group findings is not as precise as that of quantitative research, applying the findings rests on the assumption that others can interpret them and draw inferences for themselves (Mason, 1996).

A common schedule of trigger questions is planned for the initial focus groups (table 4.2).

1. Tell us a bit about what its like being a lecturer practitioner in this organization.
2. What do you think the trusts get out of having lecturer practitioner roles?
3. What do you think the university gets out of having lecturer practitioner roles?
4. What do you think students get out of the lecturer practitioner role?
5. Can you see any difficulties with the lecturer practitioner role?
6. Can you see any improvements that can be made to the lecturer practitioner role?

Table 4.2: Trigger questions for use in the first phase of lecturer practitioner focus groups

In the evaluative focus group, the first question from the above schedule will be used again, to allow participants to 'warm-up'. In addition, several questions will be used to gain information relevant to the project (see table 4.3).

1. Tell us a bit about what being a lecturer practitioner is currently like here. 2. What would make your working lives easier? *3.* Do you know much about the project we are currently doing? 4. Have you tried to use the joint appraisal documentation? 5. Have you been involved in group support at your local site? 6. (If new staff), How was your induction? 7. We are planning study days for lecturer practitioners: what content would you like in the first one?

Table 4.3: Trigger questions for use with the evaluative lecturer practitioners' focus group

Reflective writing and the use of diaries

Written reflective diary keeping is well established in nursing (Richardson and Maltby, 1995; Wellard and Bethune, 1996) and in social science research (Corti, 1993) as important element in learning from practice situations and encouraging problem solving (Richardson and Maltby, 1995). However, reflective writing is not without its critics, and can be difficult and frustrating, and, although the structure might be valuable, the activity itself may be difficult (Mountford and Rogers, 1996; Boud et al, 1985). Although there is little rigorous research on the impact of reflection (Rich and Parker, 1995), it offers a means of learning that facilitates Schön's (1987) 'reflection-on-action' rather than 'reflection-in-action'

Reflection is discussed widely but a clear definition is lacking (Scanlon and Chernomas, 1997). Boyd and Fales (1993:103) describe it as 'The process of creating and clarifying the meaning of experience (present or past) in terms of self'. The thoughts and feelings that this generates can change perspectives (Boud et al, 1985), also offering a previously difficult means of accessing and valuing the personal knowledge in nursing (Johns, 1995). Keeping a diary offers an excellent means of accessing the otherwise hidden emotional aspects of organizational life (Coghlan, 1993).

Corti (1993) argues that diaries have three main uses in social science research. First, they provide a reliable alternative to interview methods. Second, as self-completed methods, they overcome problems associated with collecting data by personal interview. Third, they can supplement interview data to provide a rich source of information on a daily basis. Burgess (1984) and Denzin (1989) describe diaries as primary sources of evidence, with a direct relationship to the people and situations under study, providing access to areas from where the researcher could not otherwise obtain data and an 'insider' account of events.

Reflective diaries in action research

Reflective diaries have been used successfully in AR studies. For example, in their 'double-act' relationship, Titchen and Binnie (1993a:863) used reflective diary extracts to illustrate their ideas. This method of data collection was undertaken to 'address the issue of reflexivity, [and] to explore the "double-act" model as a potential model for change in nursing'.

In Marrow's (1998) work, participants and researcher kept reflective diaries, and their use was negotiated prior to the start of the study. Participants experienced dilemmas concerning the confidentiality of material relating to patient care, and the implications that such materials might have in patient litigation. However, despite these concerns, participants persevered with diary writing, eventually becoming skilled in their use. Marrow (1998) describes this as a developmental process, which facilitated learning, and keeping a diary helped her to evaluate the research process. It established an 'audit trail', helped her to understand reflexively her position in the work by detailing her critical awareness, and was an essential part of the study. She also used extracts to illustrate her ideas, adding that this helped the 'reliability' and 'validity' of the work. Similarly, Lax (Lax and Galvin, 2002) used her reflective diary to record personal experiences and to

reflect on the research process. She initially found this difficult, but developed skills as the work progressed.

Materials from meetings and other events

Materials from meetings are secondary sources, in contrast to the primary, or biographical sources produced by participants (Burgess, 1984), and cannot be accepted uncritically. This is the case for solicited sources (those produced for the purpose of the research objective) because the reader is unlikely to know the perspective or biases of the authors of such materials. Secondary sources in this study will include materials from the participant feedback events, Steering Group meetings and LPs' Study Day. These will be collected and collated by myself.

Occupation stress and burnout amongst lecturer practitioners

This questionnaire survey is intended to allow descriptive and inferential statistical techniques of data analysis. Data collection will involve a repeated measures design, with paired data from the same LPs (Coolican, 1999): the AR work is considered to be a supportive 'intervention', with before- and after-project measures of the same respondents, using the same instrument

The questionnaire to be used in this study consists of two previously existing instruments, which have undergone extensive testing for their reliability and validity: a shortened version of the Occupational Stress Indicator (OSI, Cooper et al, 1988), and the Maslach Burnout Inventory (MBI, Maslach and Jackson, 1986). These will be combined in a single questionnaire (the lecturer practitioner work roles questionnaire survey, or LPWRQS; see appendix 1). I will first discuss these scales' features. I will then discuss issues of validity and reliability, where a minimum standard for considering such instruments to be valid and reliable for psychometric testing is that they include at least one type of content validity,

test-retest reliability, internal consistency reliability and at least one type of construct validity (Gibbon, 1998).

The Occupational Stress Indicator

The OSI is described (Cooper et al, 1988) as a descriptive and diagnostic tool. It is based on Cooper et al's (1988) model of stress, which has four elements: sources of stress, individual experience of stress, coping strategies, and effects on the individual and the organization. They have adapted this model for practical use in the workplace, and it is designed so that its measurements can be turned into an action plan for reducing stress in an occupational group, rather than with individuals. Thus it is particularly suitable for this study. It is divided into seven sections. In this study, only two sections from the original OSI (hence it is described as a shortened version) will be used. These are: *How you feel about your job*, and *Sources of pressure in your job*, and these will be used to give a picture of aspects of LPs' work roles.

The section *How you feel about your job* is designed to measure job satisfaction, as those who are stressed tend to have negative attitudes towards their work (Cooper et al, 1988). This section is divided into five subscales, and these will be used for comparison of mean scores between this sample of LPs and population norms. The five subscales are: *Satisfaction with achievement, value and growth, Satisfaction with the job itself, Satisfaction with organizational design and structure, Satisfaction with organizational processes*, and *Satisfaction with personal relationships.*

The second OSI section is *Sources of pressure in your job*. This gives a picture of sources of pressure, and contains questions relating to work as well as home-life. It is further sub-divided into six subscales. These are *Factors intrinsic to the job, The managerial role, Relationships with other people, Career and achievement, Organizational structure and*

climate, and *The home/work interface*. In total, using the two sections alone gives an 83-item questionnaire, with a Likert-type rating scale (see tables 4.4 and 4.5).

1 = very much dissatisfaction
2 = much dissatisfaction
3 = some dissatisfaction
4 = some satisfaction
5 = much satisfaction
6 = very much satisfaction

Table 4.4: Occupational Stress Indicator Likert-type rating scale: satisfaction

1 = very definitely is not a source
2 = definitely is not a source
3 = generally is not a source
4 = generally is a source
5 = definitely is a source
6 = very definitely is a source

Table 4.5: Occupational Stress Indicator Likert-type rating scale: source of pressure

The other scales are *Current state of physical health, Current state of mental health, The way you behave generally, How you interpret events around you,* and *How you cope with the stress you experience.* These scales measure traits or properties within individuals, rather then factors intrinsic to the workplace. Using the whole OSI was not considered an option due to its length, and because the two included sections give a useful picture of aspects of LPs' work roles from an organizational perspective, whilst also countering Wheeler's (1997) criticism that nursing stress research fails to take into account the impact that stress at home has on occupational stress.

Reliability and validity of the Occupational Stress Indicator

Content validity is concerned with whether an instrument adequately covers the content area. An expert panel rating the validity of content, where the aim is complete agreement,

commonly achieves this. The OSI was initially developed using specific comments from respondents regarding questions for inclusion (Cooper et al, 1988).

Internal consistency reliability for the OSI was assessed using split-half reliability coefficients. This method randomly splits the items into two halves. If the test is reliable then scores on each half should be similar, and the extent of this similarity is measured using correlation. Positive correlations of 0.8 to 0.9 in a range between 0 and 1 are expected (Coolican, 1999). Cooper et al (1998) report that all coefficients were significant at the 0.01 level, although the actual values were not all above 0.8.

Test-retest reliability measures whether similar results are obtained from the same people at different times. The results from test and retest are correlated to see if they tend to give the same result both times. If this is the case, the test has a high external reliability. Figures should be at least 0.75 (Coolican, 1999). The OSI authors do not report figures for test-retest reliability.

Construct validity measures the validity of the subscales constructed as measures of concepts, in this case occupational stress. This is demonstrated using factor analysis. This technique provides support for creating 'clusters' of items within a multi-item questionnaire (Coolican, 1999), and allows data with multiple dimensions to be reduced using statistical techniques, demonstrating the underlying dimensions of the questionnaire (Polit and Hungler, 1999). For the OSI data, several subsequent studies have questioned the stability of the subscales constructed (Williams and Cooper, 1998; Lyne et al 2000; Evers et al, 2000), but even so, the OSI has been successfully used in studies in nursing (Butterworth et al 1997; Anderson et al, 1996), and remains useful if it is assumed that it provides an estimate for building a composite picture, rather than being a precise indicator (Adams, 1998) of occupational stress in a workforce.

The Maslach Burnout Inventory

Maslach and Jackson (1986) discuss how caring work, and work in education and the 'human services', are frequently highly emotionally charged, ambiguous and frustrating. Over time, they say, this can cause 'burnout': a syndrome of emotional exhaustion (where personal resources are depleted and workers are unable to give of themselves fully), depersonalisation (when negative and cynical attitudes develop about clients, with workers callous and dehumanised), and reduced personal accomplishment (which means workers evaluate their effectiveness on the job with clients as low). The MBI is Maslach and Jackson's attempt to develop an instrument for assessing the degree of burnout experienced by groups of workers, so that their scores can be compared with population norms (the scores should not be used for diagnostic purposes with individuals).

The MBI has 21 items, and uses a frequency format (how often does the respondent experience the attitude in question?) It also has a standardized frequency dimension response scale. This means that it has been designed to give a closely standardized degree of progression between the response statements (see figure 4.1), in an attempt to overcome the limitations of an ordinal-level rating scale.

HOW OFTEN:

0	1	2	3	4	5	6
Never	A few times a year	Once a month or less	A few times a month	Once a week	A few times a week	Every day

Figure 4.1: Maslach Burnout Inventory standardized frequency response scale (reproduced from Maslach and Jackson, 1986)

The 21 items subdivide into three subscales. *Emotional exhaustion* contains nine items relating to being over-extended and exhausted at work. The five items in the *Depersonalization* subscale are concerned with an unfeeling or unconcerned response to

clients. These two aspects of burnout are similar and related, and higher mean scores in these subscales indicate higher degrees of burnout. *Personal accomplishment* is independent, and contains eight items that describe feelings of successful achievement and accomplishment with clients. Lower mean scores here mean higher burnout is experienced.

Reliability and validity of the Maslach Burnout Inventory

Regarding content validity, the authors note that the MBI was the result of eight years of development based on questionnaires and interviews (Maslach and Jackson, 1986). They used Cronbach's alpha to measure internal consistency. This measures the variation between respondents' scores on individual items compared to the extent of variation on the test as a whole: if respondents vary a great deal on an item, but only a little on the test as a whole, then the reliability is low. Values above 0.75 are considered to be high (Coolican, 1999). The three subscales scored as follows: Emotional exhaustion scored 0.90, Depersonalisation scored 0.79, and Personal accomplishment scored 0.71.

Regarding test-retest reliability, the MBI authors note that although the values obtained from the two samples tested were low, they were all significant below the 0.01 level. Regarding construct validity, the MBI is generally regarded as the 'gold standard' burnout measure (Schutte et al, 2000). The subscales were constructed inductively as a result of factor analysis, and were then administered to a new sample to obtain confirmatory data (Maslach and Jackson, 1986) rather than to fit a prior model (Schaufeli et al, 1993), and although the constructs have been questioned (Yadama and Drake, 1995), they have been found to be stable outside the 'human services' sector for which they were developed, and outside the USA (Schutte et al, 2000).

Addressing threats to internal validity in this study

An important concept regarding the validity of a questionnaire is whether its use is internally valid; that is, the extent to which particular issues or biases within the study design threaten internal validity and, therefore, the findings of the study. Avoiding threats to internal validity involves taking procedures to minimize systematic errors or biases (Jüni et al, 2001). This is a particular concern in AR, where researchers and participants collaborate, as participants' attitudes towards the project and the researcher may influence their responses to questionnaires.

Several issues potentially threaten the internal validity of this study. These are 'evaluation apprehension', where subjects might see the questionnaire as a form of test of competence, and so respond by trying to avoid failing it. It is also possible that LPs might identify with the project and want to help it by displaying 'appropriate' personal attributes (known as showing 'demand characteristics'), or try to assert individuality in their answers ('subject individualism'), or resort to 'self-preservation' in order to avoid looking foolish (Mallory, 2003). Evaluation apprehension and demand characteristics are the most likely threats to internal validity here, as subject individualism and self-preservation are more usually found in group experimental situations, and are therefore unlikely in a questionnaire to be administered by post and completed in private. The wording of the instructions for completion of the questionnaire (see appendix 1) is important in overcoming evaluation apprehension and demand characteristics: occupational stresses and burnout will not be directly referred to in the questionnaire used here. The manufacturers' instructions received by LPs will make it clear that an aggregate score rather than individual responses are important, that these will be used alongside the focus group data for the purposes of analysis, and that respondents should be honest and accurate. The manufacturers' wording of the instructions therefore means that it will be difficult for LPs to get the impression that

particular responses are sought, and it is necessary to trust that they will be honest and accurate.

In one sense it must be noted that threats to internal validity are an unavoidable feature of AR, but it is also a feature to some extent in all questionnaire or experimental-based work, (Kitao Doshisha and Kitao Doshisha, 2003). What is important is the extent to which external validity (generalizability) is claimed, as poorly internally valid work cannot be claimed to have external validity (Mant et al, 1996). However, in this study there is no attempt at claiming that the findings are widely generalizable, as they are they are part of a highly context-specific AR project. This is further evidenced by the use of *exact* and *Monte Carlo* tests to generate measures of statistical significance rather than traditional p-values (discussed further below), and is central in the need for triangulation.

Administration

The LPWRQS, with 104 items in total and a front sheet asking for certain key biographical details, will be administered by post, with a self-addressed envelope and written instructions for completion.

SECTION 5: ETHICS PROCEDURES

The University Ethics Committee approved this study. Potential participants at the focus groups will receive a written invitation to participate, which will outline the purpose of the focus groups within the AR project. This written material will guarantee confidentiality and anonymity in subsequent reports and publications. In addition, further assurances will be given verbally at the time of the focus group interview. Consent will be considered given by attendance at the focus group. Where LPs submit written reflective diaries, verbal assurance will be given that these data will be used as confidentially and anonymously as possible.

Regarding the questionnaire, potential respondents will receive a written covering letter, outlining how their responses will be used, and guaranteeing that data will remain confidential and be used anonymously. Return of the questionnaire will be deemed to denote consent for data to be used in this study.

SECTION 6: DATA ANALYSIS

Focus group data analysis with lecturer practitioners in this study

Silverman (2000) holds that it is essential for social science research that a rigorous approach to data collection and analysis is taken. Krueger (1994) outlines how this is possible in focus groups. In particular, he says that full transcribing of tape-recorded data, using field notes and moderator debriefing, is the most rigorous approach. For Bloor et al (2001), it is also essential that academic researchers tape-record and fully transcribe their groups, as other approaches lead to superficial and biased analyses. In this study, all focus groups will be tape-recorded and fully transcribed by myself.

Krueger (1994) and Bloor et al (2001) say that ideally, the moderator or assistant should do the analysis, as they have had firsthand exposure to the group situation and have seen and heard what really happened, and this will be the case in this study. I will be present at all the groups and will conduct the transcription and data analysis. A further aspect of rigour is discussion and collective decision-making in the analytical process (Saulnier, 2000). In this study, my interpretations of the data from all the groups will be discussed and agreed between the co-moderators and myself.

Being present at all the groups also makes it easier to address Wilkinson's (1998) criticism of the lack of interaction reported in studies using focus groups. In this study, a strategy advocated by Morgan and Spanish (1984) will be used to report group interaction: a

sequence of quotes from two or more participants will be included when presenting the findings in order to more fully represent the views of the group.

For Krueger (1994), the process of coding focus group data is also crucial to rigorous analysis. Making notes in the margin of the transcript is a common strategy (Bertrand et al, 1992), which will be used here. Mason (1996) argues that three purposes are possible in the analysis of texts such as focus group transcripts: searches for literal, interpretative, and reflexive understanding, and it is anticipated that the LPs' focus group data analysis will contain both literal and interpretative material.

Mason (1996) also discusses processes of coding (or indexing) data. She recommends reading each transcript through several times, and then, on further scrutiny, making notes on the content of each sentence or exchange of dialogue in the margins of the recording transcripts. These codes can be applied in two ways by focus group researchers: cross sectionally across several groups, and non-cross sectionally to single groups (Mason, 1996). In this study, this procedure will be followed, and coding will be applied cross sectionally in the initial project planning phase of data collection, meaning that the same codes will be standardized and applied consistently across the four groups. In the later 'evaluative' focus group, coding will be applied non-cross sectionally to develop analysis of issues in the single group. In each phase of data collection, observations will also be made in the form of memos, and 'spatial layout' diagrams (Mason, 1996:131) will be constructed. These memos and diagrams will allow understanding and meaning to emerge from the codes, and facilitate retrieval and development of the coding structure, as they will then be collated into themes. The themes will be constructed from common issues discussed in the groups, and will represent group discussions as well as responses to the trigger questions.

Burnard (1991) raises the idea that it might not be valid to consider that different participants in different groups meant the same thing, but it seems clear that the roles and concepts under discussion here, although diverse, will be similar enough for there to be a common understanding. Burnard concludes that focus group analysts must take it for granted that this is the case.

Krueger (1994) says that additional rigour comes from participant feedback and researchers sharing preliminary reports. Participant feedback ensures that the researcher has adequately understood what the participants meant, which acts as a form of 'member checking' (Krueger, 1994: 128), or 'member validation' (Bloor et al, 2001:14). Bloor et al (2001) argue that this process allows participants to comment on, rather than amend, the preliminary findings researchers present to them. If interpretations changed at this stage, this might reflect confusion about previous comments, and should be treated as new data rather than overturning the previous interpretations. Ideally participants should see a summary of the key findings, or receive a short visual presentation. In this study, participant feedback will be secured by holding feedback meetings to discuss the research and its findings with LPs, who will be given an opportunity to comment and add to the recommendations following a presentation. LPs who cannot attend the meetings will be sent an e-mail summary so that their views can be gathered, and their comments will be collated and reported verbatim. Draft reports will also be discussed between the co-moderator and me prior to the feedback meetings and final presentation of the project planning element of the study. In addition, a full copy of the diagnostic phase report (Williamson and Webb, 2000) will be made available on my university staff web pages, and the address circulated to LPs, so that they can comment further.

Reflective diaries and their analysis in this study

In this study, the two LPs working closely in the project will be asked to keep one-page reflective diaries based on single meetings or events, and to use a semi-structured format (see appendix 2). This format is intended to help the LPs to describe and focus on key events, in a manner that will guide their reflections, and to allow for reasonable comparison between events. In addition, I will keep a longer reflective research diary, again based around meetings or events. This is likely to be a familiar process for me, as I have previously used reflective diaries extensively. There is a danger that the diary extracts might seem dominated by my contributions, and this is a potential problem given my role in constructing the research account. This is to some extent inevitable given that I have more time to write diary accounts, and greater familiarity with the use of diaries than the LPs. However, in order to overcome this I will make sure, wherever possible, that I use text from the LPs' diaries to illustrate and inform the account alongside my own work.

Biographical methods such as diaries are described by Sarantakos (1998) as providing a narrative account of an individual's experience of reality, allowing for exploration of self and social action, and also how external actors and forces regulate events. Sarantakos' (1998) *holistic method* for analysing diaries will be used in this study. In this method, a document is studied in its entirety with the aim of identifying elements that are relevant to the research objective, and the analysis is based on the overall impression of the document. With all the diaries, the purpose of analysis will be primarily to demonstrate reflexive understanding as the project progresses. The diaries will also be used to add triangulation, and to record events: all essential in AR studies (McNiff et al, 1996). Thus they will demonstrate the development of our thinking, and provide a historical record of discussions and consensus within the study, and extracts will be used to illustrate this where appropriate. It is difficult to make extracts used for illustrative purposes anonymous, and so particularly sensitive items have not been included in this thesis. It is also a

limitation of diaries that they are 'written for an audience'. This is to some extent inevitable, as they are about the individual's experience (Sarantakos, 1998), and part of that experience can be about the preservation of self and self-image. Although every attempt will be made to ensure honesty in these diaries, this limitation must be acknowledged in this method of data collection.

Materials from meetings and other events and their analysis

These materials will be analysed using the Sarantakos' (1998) holistic method, discussed above. In all cases, the materials I produce will be circulated for comments to ensure that all those who attend these meetings or events participate in the production of what become public documents, published on my university staff web pages. However, as Silverman (1997) suggests, these materials should be viewed in context. They exist as texts within the study, are produced by a particular author, and designed for the 'insider' readership of those closely associated with the project.

Questionnaire survey data analysis

Questionnaires will be analysed using the Statistical Package for the Social Sciences (SPSS) release 11.0.1 for Windows. All statistical analysis will be conducted by myself.

Data will be analysed in two elements (see table 4.6).

ELEMENTS IN ANALYSIS	TEST STATISTICS USED	DESIGNED TO...?
Descriptive statistics		
1.1 Biographical details.	Counts and percentages	Illustrate the lecturer practitioners' characteristics
1.2 Comparison of means between this sample and population 'norms'	Simple comparison of means	Compare lecturer practitioners' occupational stress and burnout to other workers
Inferential statistics		
2.1 Correlations between 'experience' and 'qualifications' and indices and initial sample biographical data.	Spearman's *rho* with randomization.	Test relationships between indices and biographical data
2.2 Repeated measures with paired data	Wilcoxon signed ranks test with randomization	Test changes before- and after- project 'intervention'

Table 4.6: Two elements in quantitative data analysis

In the first element, descriptive data will be presented. These will comprise the biographical characteristics of the LPs, and the comparisons between their scores on the subscales and those from the producers' 'norm' reference sets. Element two will use inferential statistical testing, first, to analyse the correlation between LPs' responses to the questionnaires and their biographical details, and second, to examine the differences between the LPs' scores before and after the project. In order to analyse the correlations between responses and biographical details, and to better represent the data, two unweighted, standardized indices will be constructed. The first, called 'Experience Index', contains data on LPs' ages, length of time qualified as a nurse, and the length of time as LPs. The second index, called 'Qualifications Index', will contain data on LPs' highest nursing and academic qualifications (including teaching qualifications, completed or currently completing). These two indices will be tested for correlations between each of the 14 OSI and MBI subscales.

In order to analyse the differences between scores before and after the project 'intervention', the LPs' scores for the 14 subscales will be compared with each other, in a repeated measures design for the paired scores.

Statistical testing with small numbers and non-random sampling

Traditional psychological attitude testing relies on the concept of random sampling; that is, that the number of people to whom a questionnaire is administered represent a random sample of a larger population, with a normal distribution (Coolican, 1999). It is also traditional to assume that data from attitude scales such as the OSI and MBI are at interval level, and therefore to use parametric statistical tests (Daniel, 1990), when in fact they are only at ordinal level, meaning that such tests are inappropriate. Anthony (1996) argues that frequent errors in the use of statistical techniques are apparent in nursing and medical journals. In particular, he found the widespread inappropriate use of parametric tests on ordinal level data, which was not normally distributed. This is likely to result in Type I errors (where the findings are likely to be due to chance), and Anthony (1996) argues that there are potentially significant dangers for practice if new findings are considered statistically significant when there are errors in the statistical tests used. In later work (Anthony, 1999), he mentions that inferential testing on non-random samples gives meaningless results as this relies on the assumption that data come from a random sample of a larger population. He also notes that if sample sizes are too low, then errors in the results are likely, as the power of the tests will not be sufficient to detect relationships in the data.

Statistical tests used in this study

In order to avoid the errors that Anthony (1996; 1999) discusses, this study will use non-parametric testing, and randomization methods. Non-parametric tests have the advantage of not requiring the same assumptions of the data as parametric tests, and are distribution-

free; that is, they do not require a normal distribution, and are appropriate on ordinal level data (Wright, 2002). They are generally considered to give similar results to appropriately used parametric tests (Anthony, 1999) and thus the risk of their inappropriate use is small (Daniel, 1990).

In this study, null hypotheses numbers one to four will be tested using a two-tailed Spearman's rank order correlation coefficient (*rho*), with an alpha level set at 0.05 (corresponding with the p-value). This non-parametric test measures the association between independent and dependent variables, and is based on the ranks of the sample observations rather than the observations themselves (as the Pearson Product-Moment Coefficient would be; Daniel, 1990). This allows inferences about this relationship to be drawn from ordinal level data (Polit and Hungler, 1999).

Null hypotheses numbers five and six will be tested using a two-tailed Wilcoxon Signed Ranks Test for related samples, with the alpha level set again at 0.05 (corresponding with the p-value). The Wilcoxon Signed Ranks Test is used to test whether paired observations' medians are the same in a repeated measures design (Conover, 1980; Daniel, 1990). The advantage of using paired samples is that each pair of observations measures the impact of a treatment or intervention on each individual respondent, rather than the more common and simpler method of matching data, where observations may not originate from the same person (Coolican, 1999; Leach, 1979) and it is thus not possible to be certain that 'treatment effects' are real.

The Wilcoxon Signed Ranks Test is the non-parametric equivalent of the parametric *t*-test for related samples, and uses the ranks of the sample observations rather than the observations themselves. The null hypotheses are true if the differences in medians of both samples are zero, and there are no statistically significant differences between the median

of the observations taken before and after the project. The Wilcoxon Signed Ranks Test also indicates in which direction the change occurs (before or after the intervention). If there are no significant differences between the first and second observations, then the null hypothesis is supported, and the project has had no impact on LPs' occupational stress and burnout.

Interpreting significance from the p-values of these statistical tests

There is an argument that the p-values gained from multiple pairwise comparisons require caution in their interpretation, as although the alpha level has been set at 0.05, repeated testing on numerous scales means that there is an increased likelihood of finding spurious significant correlations (type I errors). If testing continues for long enough, as there is a 1/20 probability of finding a p-value of 0.05 by chance alone, spurious correlations will appear. Therefore the alpha value should be adjusted to a more stringent figure using the Bonferroni correction; that is, by dividing the required alpha level by the number of comparisons to be made (Bland and Altman, 1995). However, there is considerable debate as to whether this correction in fact produces an overly conservative alpha level, leading to the rejection of findings that are in fact significant (type II errors), and produces an interpretation based not on the data but on the number of tests carried out. This leads Perneger (1998) to conclude that the Bonferroni adjustment has limited applications, should not be used when assessing evidence about specific hypotheses, and that even if it is used, researchers can include p-values of 0.05 as significant if there is a good theoretical rationale for doing so, albeit with the addition of an appropriate note. Anthony (1999) argues that whilst the Bonferroni correction can be useful, it becomes too conservative when there are more than five comparisons, and advises that if several tests are run answering different hypotheses no such correction is required. Caution must be exercised in interpreting the findings, as 1/20 is likely to be spuriously significant. Similarly, Rothman (1990) argues against the use of adjustments with multiple comparisons, which

he says will lead to fewer errors in interpretation, allowing researchers to explore potentially important findings based on the data under evaluation. In the light of this debate, the Bonferroni correction will not be used in this study, as the intended statistical procedures already offer good protection from type I errors (where findings are statistically significant by chance alone), and the intention in analysis is to explore and discuss interesting relationships in these LPs' data.

Permutation and randomization tests

It is a frequent failing of quantitative researchers in medicine, psychology and nursing that they misrepresent their samples as random, when in fact they are convenience samples (Anthony, 1999; Lunneborg, 2000; Dickinson, 2002; Williamson, 2003). Also, considering that a questionnaire administered to a whole population (as in this case to all the LPs at the School) is a random sample drawn from a larger population is meaningless, and violates the assumptions underlying statistical testing with regard to probability theory. Lunneborg (2001) argues that medical and psychological researchers frequently conduct research with non-random samples, and their findings are often incorrect as a result, particularly with regard to treatment effects between two groups (Lunneborg, 2000). Edgington (1995:6) goes further, saying that random sampling is not achieved 'not just for the occasional experiment, but for virtually all experiments', as the researcher simply does not have enough time to draw truly random samples. Lunneborg (2001) suggests that randomization and permutation tests are an appropriate solution to this problem. These techniques allow the observations to be randomly re-ordered and compared with the original observations so that inferences are drawn about the local population, rather than assuming that the observations are drawn from a larger sample, when in reality this is not the case.

However, the terminology has not yet been standardized amongst statisticians, as the terms 'randomization' and 'permutation' are used interchangeably by Manly (1991), while

Edgington (1995) uses 'permutation tests' to refer to any test in a general class of tests involving random re-ordering, and 'randomization' to denote the random allocation of subjects in a natural population in order to observe treatment effects. Regardless of the terminology used, inferences drawn relate only to the sample under study, and this is particularly useful where there are small numbers and the power of statistical tests would otherwise be compromised (Edgington, 1995).

In this study, inferences drawn relate only to this local population. However, Lunneborg (2001:14) argues that it is possible to generalize from such findings based on scientific or theoretical inference rather than strict statistical inference, saying 'where the scientific argument is strong enough the randomized case study may be sufficient to establish a generalizable result'. Where scientific inference is not strong enough, randomization or permutation tests may be sufficient to establish a causal relationship in a local population, as a preliminary to larger, more detailed, conventional studies with genuinely random sampling.

Exact and Monte Carlo tests

SPSS version 11.0.1 contains an option to generate *exact* and *Monte Carlo* tests, and these are the permutation or randomization tests used in this study. *Exact* tests are so-called because they provide an exact reference distribution for the local population, so that the p-value generated is an exact measure of the statistical significance of effects in this population, rather than the approximation to a larger population. *Exact* tests are computationally simple and relatively quick using SPSS software where there are small numbers of cases. Where there are larger numbers, and computer memory runs short, a *Monte Carlo* test provides a satisfactory approximation of the *exact* test. This is achieved by using a number of randomizations, which can be specified in the SPSS software. *Monte Carlo* tests assess the test statistic 'by comparing it with a sample of test statistics obtained

by generating random samples using some assured mode' (Manly, 1991:21). Generally, 1,000 randomizations are sufficient for accurate Monte Carlo tests at p = 0.05 (Manly, 1991), but the default in SPSS is 10,000. In this study, *exact* tests will be used with Wilcoxon's signed ranks test, but lack of memory means *Monte Carlo* tests will be used with the correlations testing.

SECTION 7: SUMMARY OF DATA COLLECTION METHODS

Triangulation will be used in this study to add depth in the analysis and completeness of the findings, rather than as an attempt to add validity to the work (Denzin, 1989; Shih, 1998). A mixed-methods approach will be taken, with quantitative and qualitative data collection methods, and this is necessary to overcome potential inadequacies in single-methods studies (Kimchi et al, 1999). Table 4.7, below, summarises the data collection methods used in this study:

QUALITATIVE	QUANTITATIVE
1. Group: Focus groups and participants' feedback events	LPs' work roles questionnaire survey: repeated measures design with paired data
2. Reflective diaries: Mine and lecturer practitioners'	
3. Meetings: Lecturer practitioners' collaborative group Steering Group Lecturer practitioners' Study Day with trust and university senior managers, and lecturer practitioner participants	

Table 4.7: Summary of data collection methods used in this study

Focus groups were chosen because they offer an appropriate and relatively non-hierarchical method of accessing the views of a large number of participants in a relatively cheap manner. They have a long history of use in the social sciences (Morgan, 1997; Kitzinger and Barbour, 1999), and in nursing research (Torn and McNichol, 1998;

Waterton and Wynne, 1999). The focus groups used in this study will be conducted and analysed using approved techniques, and their findings subjected to wide critical appraisal from experienced researchers and the participants themselves (Krueger, 1994; Bertrand et al, 1992; Bloor et al, 2001).

Reflective diaries will be used to access my own and the close participants' thoughts and feelings about our involvement in the study, and these data would otherwise remain hidden. The diaries will also demonstrate the development of our thinking and the reflexive nature of involvement in an AR study, and act as a historical record of events. They are personal, primary sources (Burgess, 1984), and extracts will used to illustrate events and ideas where appropriate.

Documentary sources from meetings, participant feedback events, Steering Group meetings and the LP Study day will be used as a historical record of events, and to secure and demonstrate the widest participation in the on-going work of the project. These must be viewed in the context of the project, being written by myself (Silverman, 1997; Burgess, 1984).

The quantitative method of a postal questionnaire survey offers a relatively quick and easy means of accessing the views of local LPs. Measuring sophisticated concepts such as human attitudes is a common and accepted technique in psychology (Coolican, 1999). Two scales from the OSI, and the entire MBI, will be combined as a single questionnaire, the LPWRQS, and given to all LPs in post before the project to measure occupational stress and burnout, and to analyse any correlations between LPs' experience and qualifications indices. This measurement will be repeated one year later to determine any changes resulting from the supportive project intervention. This aspect of the study is a repeated measures design with paired data. Biographical details, and comparisons between these

LPs and similar workers will be presented, and non-parametric inferential techniques with randomization used to draw inferences. These techniques are appropriate for this study design and method of sampling (Anthony, 1996, 1999; Lunneborg, 2000, 2001; Manly, 1991).

CHAPTER 5: THE ACTION RESEARCH PROJECT

INTRODUCTION

The action research project process and outcomes are discussed in two sections. The first section examines the qualitative elements of the study, using McNiff and Whitehead's (2002) spiral methodology of planning, acting, reflecting, planning again and observing for change (see figure 3.7). This emphasises AR as an evolutionary process (McNiff and Whitehead, 2002), with 'spirals within spirals', allowing a complexity that is reflected in this study. This study has two distinct spirals, the initial project development work spiral, and the institutional acceptance spiral. In the first spiral, I present data collected from FGs, the two feedback events, and meetings between the collaborative group of LPs and myself, the project Steering Group, and other key meetings. There are further spirals relating to particular aspects of the project work. In the second spiral, I present material from formal committees, describing the process leading to institutional acceptance of the outcome materials developed in the project. Throughout the discussions, I use material from the LPs' and my reflective diaries to demonstrate how our thinking progressed and developed at each stage, demonstrating reflexivity in the study. Figures 5.1 and 5.2 show the key events in the project, represented in two spirals:

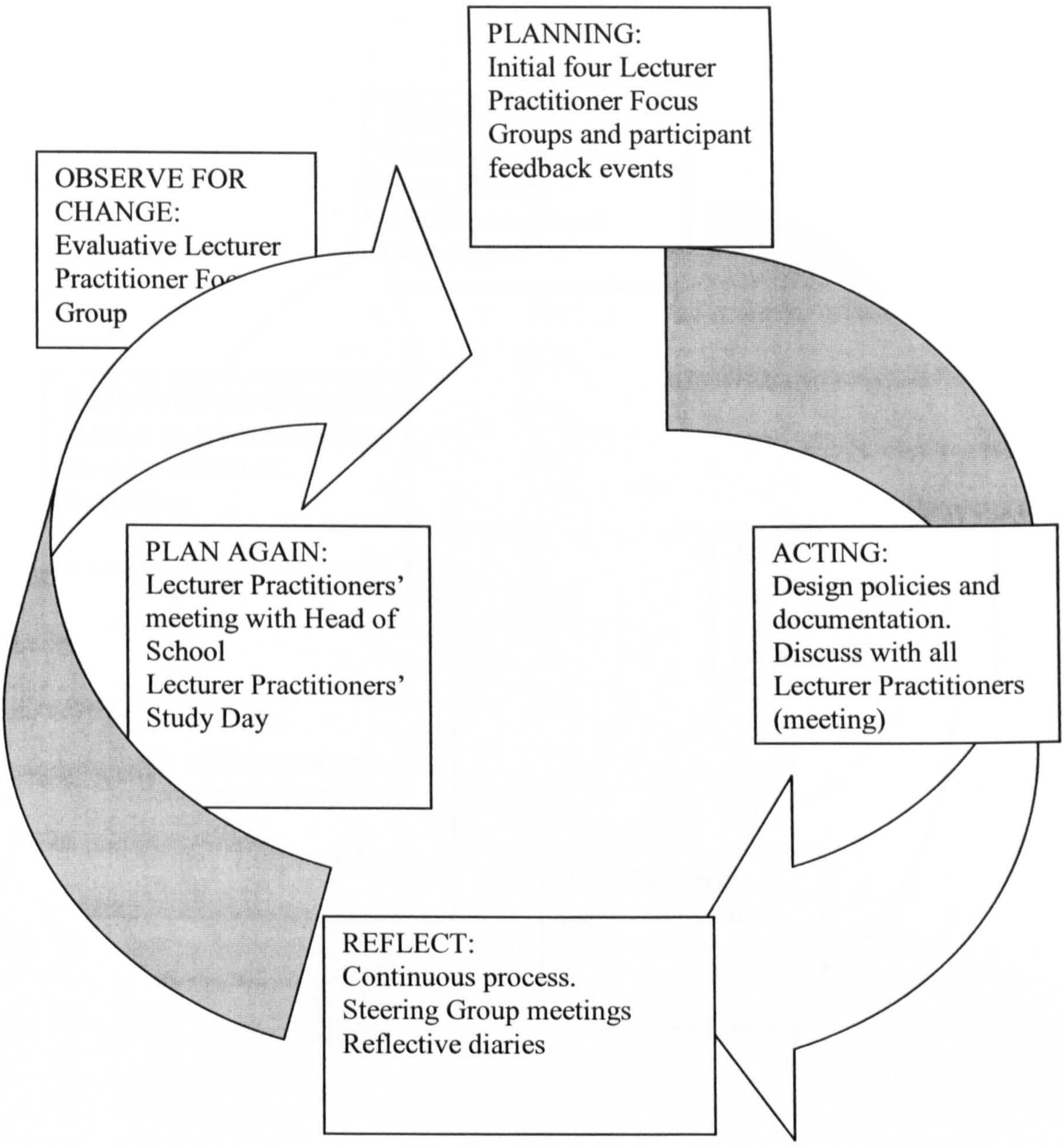

Figure 5.1: Spiral 1: initial project development work

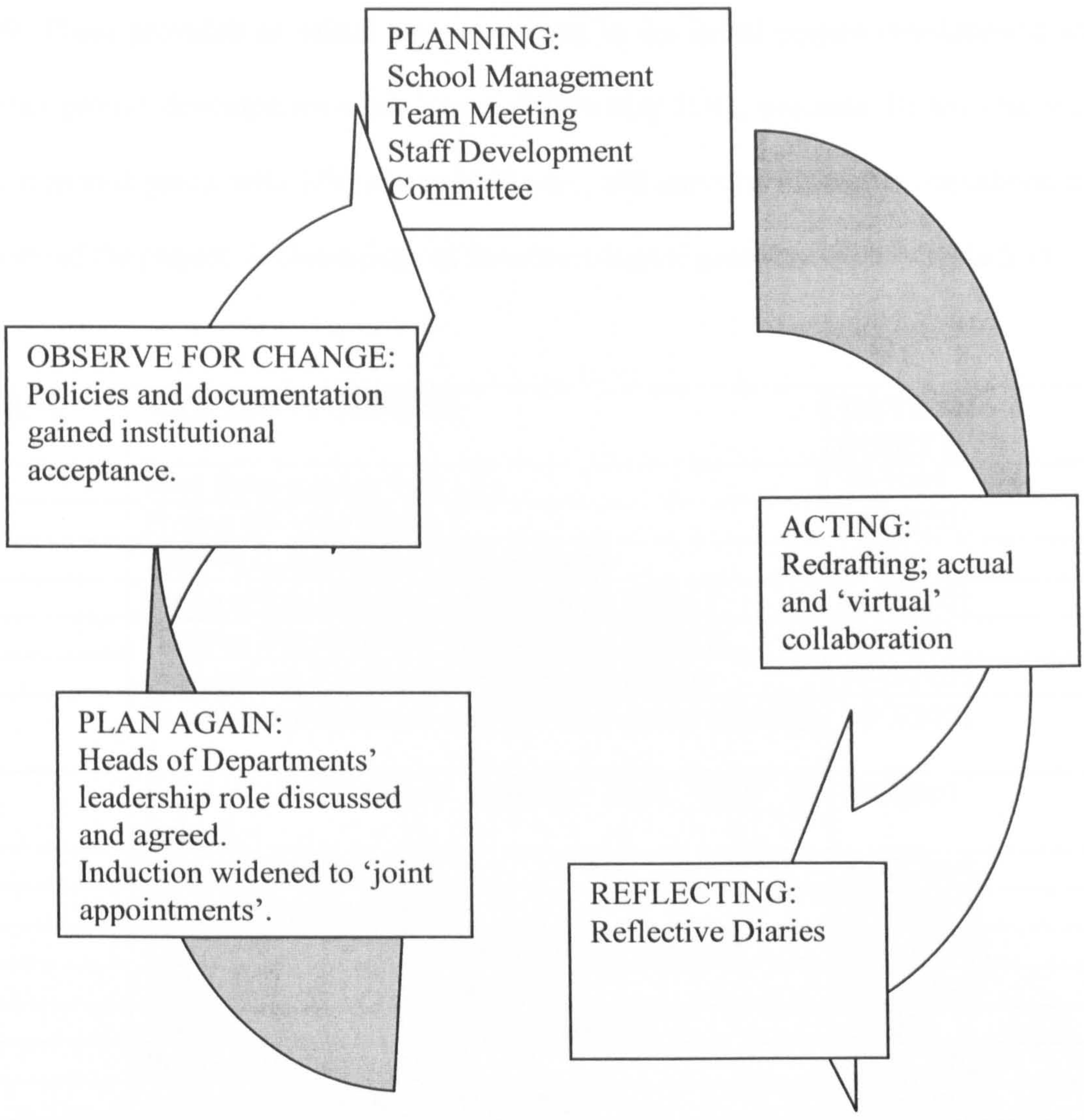

Figure 5.2: Spiral 2: institutional acceptance

The second section of this chapter presents the quantitative data in two elements (see table 4.6), relating to the hypotheses from the previous section. The first, descriptive element presents LPs' biographical data, and compares their scores on the OSI and MBI to existing 'norm' reference sets. The second, inferential element examines correlations between LPs' biographical data and aspects of their stress and burnout. The findings from the before- and after-project quantitative data are presented last.

Project chronology

The project began with a series of four focus groups with LPs, commencing in October 1999. These provided an initial planning phase in the initial project development spiral. Further project development work began in February 2001, and over 18 months, various meetings took place, with LPs, senior NHS trust, and university managers collaborating on aspects of the project. A chronology of these meetings is presented below (table 5.1).

EVENT No.	MEETING PURPOSE	DATE OF MEETING
1	Four focus groups with LPs	10/1999
2	Project Steering Group 1	20/2/2001
3	First administration of questionnaire	3/2001
4	Lecturer Practitioners' collaborative group 1	28/3/2001
5	Lecturer Practitioners' collaborative group 2	2/4/2001
6	All Lecturer Practitioners' discussion group	16/5/2001
7	Lecturer Practitioners' collaborative group meeting 3	16/7/2001
8	Lecturer Practitioners meeting with Head of School	7/6/2001
9	Project Steering Group 2	24/7/2001
10	Project Steering Group 3	5/11/2001
11	Lecturer Practitioners' evaluative focus group	29/11/2001
12	Lecturer Practitioner Study Day	18/1/2002
13	Second administration of questionnaire	3/2002
14	Project Steering Group 4	26/3/2002
15	School management team meeting	28/5/2002
16	Staff development committee meeting	9/6/2002

Table 5.1: Chronology of project meetings

Representation of qualitative data

In the following discussion of the qualitative element of the study, data are presented in the following form (table 5.2):

DATA SOURCE	REPRESENTED BY VISUAL CUES
Commentary and discussion	Times New Roman font, double spacing
Lecturer practitioners' focus group data	Indented text, Times New Roman font, single spacing
My research diary	Indented text, Times New Roman font, 5% shading, single spacing
Lecturer practitioners' research diaries	Indented text Times New Roman font, 20% shading, single spacing
Minutes and other notes from meetings	Indented text, Arial Narrow font, single spacing
e-mail text	Indented text, marked >, Arial font 11pt., single spacing

Table 5.2: representation of qualitative data from different sources

Transcript conventions

In presentation of the FG data, the following transcript conventions have been used (table 5.3):

NOTATION	MEANING
You	Stressed syllable
...	Pause
/	Onset of overlapping comments
= =	Turns following without any gap
()	Inaudible section
[]	Comments added to the transcription

Table 5.3: transcription conventions

In identifying speakers and groups in the focus group data, in the initial project planning series of four FGs, each participant has as a prefix to their speech a unique identifying number, so, for example, 'P10:' indicates that participant ten is speaking. A code will follow the quote or exchange of quotes: for example, LPFG4 indicates that the text came from Lecturer Practitioner Focus Group four. In the evaluative focus group data, participants are identified by a similar prefix (although ascription of the prefix P1 in this

group does not indicate that this is the same speaker as P1 in the first FG of the planning phase series of FGs). The code for this group is LPFG5. In the FG transcripts, I was the interviewer in all cases, and am identified as GRW. Diary entries are all identifiable at the end of the extract by the date that the entry was written, and minutes and other materials are dated in their section headings. Identified individuals are referred to a code letter (A, B and so on) to preserve their anonymity.

SECTION 1: QUALITATIVE FINDINGS: INITIAL PROJECT DEVELOPMENTAL SPIRAL

The four focus groups from the initial planning phase revealed the issues to be addressed in the initial project development work (illustrated previously in figure 5.1).

Focus groups with lecturer practitioners in the initial planning phase of this study

In order to access the views of LPs on issues concerning their work roles, focus groups were conducted. Focus group data collection occurred in two phases. The first phase was intended to obtain 'diagnostic' material about LPs' working lives. The second phase was intended to evaluate the implementation of the policies produced as a result of the AR group work with LP participants.

Sampling and conduct of the focus groups

The first phase groups were held in October, November and December 1999. Groups were deliberately over-recruited, in the belief that inevitable dropout would reduce numbers to a manageable size for each group. The groups were attended by 13 LPs, with all LPs in post at that time invited (n = 22; 56% attendance), and took place on the four School sites. Each group lasted about an hour and a half in length. One group contained two participants, one contained three, and four participants attended the other two groups. Group size had some impact on the nature of the focus groups. The group with two participants was more of an

'interview' than a focus group, because the limited nature of participants' interaction meant that I had to question them more closely than in other groups. The other three groups had some good group interaction, and this was particularly the case where participants were previously well known to each other. I moderated the groups, with an experienced co-moderator taking notes but not participating.

In the second phase, a single, evaluative focus group was held on one site. Seven LPs from a possible 14 attended the group (50% attendance). In this group, participants were from each of the four sites, and were reasonably well known to each other as a result of the project work. I moderated the group, with a different co-moderator taking notes, but not participating.

Lecturer practitioners' focus groups findings

The material from the LP focus groups is summarised and discussed in five themes (see table 5.4). These themes emerged from the data analysis, but also reflect direct questioning from myself. They are discussed in a sequence reflecting the amount of debate that there was on each issue within the groups. Frequently in the analysis of focus data, interaction within the groups is ignored by researchers' use of single quotes only (Morgan and Spanish, 1984), but to demonstrate interaction and illustrate the discussions within the groups in this study, selected passages of dialogue are presented.

Personal motivation
Workload pressures
Role clarity
Preparation and support
Gains for the trusts, practice areas (staff, patients, students), and the university

Table 5.4: The five themes discussed by LPs

Personal motivation

This was the most well developed theme from the focus groups, with many ideas about what motivates LPs to take on the role and stay with it. Professional development was a key issue, and participants discussed how their skills had improved in terms of time management, communication, self-confidence, presentation and teaching. These latter elements were validated in Learning and Teaching in Higher Education (LTHE), and Post-Graduate Diploma in Education (nurse teacher; PGDipEd) qualifications from the University.

Combining education and practice was a factor, because participants believed that the 'practice' side was essential in informing the teaching side, providing examples for teaching, and essential contacts, and 'keeping up-to-date' with clinical practice. This offered LPs credibility with students, who recognized and valued LPs' recent clinical contact, differentiating between LPs and senior lecturers (SLs; the basic permanent nurse-teacher grade at this School) in this respect:

> P10: Certainly the reaction that I've had from students, they think your credibility is there, because you're in practice. They really do value that, you really do understand what it is about practice; that you can relate the theory to practice.
> P7: /Is that by default? and I'll just be blunt here … Now, I'm closer in touch because relationships with the practice side are important. It goes back to that point. I know of SLs here who never get out ... It's maybe to do with workload, it maybe to do with management, supervision issues.
> P8: that was my priority really/
> P7: /More credible/
> P8: /… There's no doubt about it, that the students do see it as being your credibility that you do know what's going on in practice. LPFG3.

Participants were also clear that personal development had occurred for them in the LP post:

> P11: I aim to spend a morning a week on the wards, erm, actually being a nurse and working with somebody, both to keep my own practice up-to-date and to, erm, help them, to teach them as appropriate … I've been enjoying it enormously…
> P12: I totally agree with you. I like to think that I'm coming to be an even better teacher than in my learning and teaching, and erm, and by linking that to the theory and practice …

> P13: My role is very clearly defined ... I'm able to dual my time as a clinical nurse by working with students as well as working with trained staff, so fulfilling both contracts at the same time. This is my first LP post, I was in paediatrics before that as sister in management and I started in January. To me, it's, I finally think I've found my niche in nursing, combining the clinical with the theory; being able to utilise my degree ... and teaching nursing ... I'm thoroughly enjoying my role, maybe at the moment I'm in the honeymoon phase, but I hope it continues. LPFG4

Several participants spoke of 'trying education' because it offered 'something new', 'a bit of variety' (LPFG1P2). This was enjoyable, giving new opportunities for creativity and inventiveness in LPs' working lives, which were not otherwise so freely available because of participants' trust seniority. The LP role was mentioned as being a progression towards a SL post and as a transitional role:

> GRW: So where do you see your next steps in your professional development?/
> P1: /Three weeks time. Post of senior lecturer...
> P2: Yeah, I mean, that's been an option, but erm, I've been very reluctant to leave practice. I'm very reluctant to leave that at this stage, so I've kept both jobs going, despite the grey hair.
> P1: I think grey hair comes with the job, actually [laughs]. I applied for the post because I could see that if I carried on with the lecturer practitioner post for a long, a long time, burnout could happen, and you can only juggle so much, and I mean, you know, an opportunity presented itself, which isn't going to happen all the time, so I'm leaving the job still fresh, still enthusiastic for it, so you know, it wouldn't be a barrier to me considering coming back to it at a later date ...
> P2: Yeah, the LP role does feel like a transition role, rather than something you'd say "Well I'm going to do for the next 10-15 years"=
> P1: =No, it's not a 10-15 year job/
> P2: /No
> P1: Definitely not.
> GRW: Just say a bit about why that is the case.
> P1: It's juggling
> P2: Yeah. [University manager] said to me, "You know, you're at a crossroads", ( ) I've been at a crossroads for the last two-and-a-half years, but you do feel like you actually need to move, you need to make a decision to go one area, one way or another, just because it's, I think it is very very draining.
> P1: Yeah. It was a crossroads move for me, definitely, and it was you know, one foot in one camp, and one foot in the other, and I'm now going to, you know, put two feet in one side, but I don't feel that in doing that I've totally divorced myself from practice. LPFG1

This sense of impermanence was due partly to LPs' contractual arrangements, which were all temporary and on a secondment basis from their trusts. Participants spoke of this as altering their perceptions of the role, showing that there was a lack of investment in it and

in them as individuals. Temporary contracts were described as unsettling, generating insecurity by several participants, and were a source of anger and demotivation:

> P8: One of my concerns is that it was a short-term contract; it was a secondment, you have a feel of "Yes, this is right for me, but what happens at the end of it?" you know, there's no security to say "Well we're going to employ you in the future" and my chief exec. made it very obvious that "Yes you've got security, there will be a post for you in the trust when this has finished because it's a secondment" but what are you going back to? You've moved on, you're a different person, you've got new skills, your whole approach is different, and to go back to the job you were doing before the secondment, I just did not want to do. I'd really enjoyed education, I wanted to stay in education, but there were no guarantees, and that is a very uncomfortable feeling.
> GRW: Is that a similar position for everybody else?
> P10: Mine's actually worse than that 'cos I've actually been told that my trust would not want to take me back into the same role as I had before, partly because someone else is doing the job that I had before, erm, and also there are funding issues about it ... They're in mega-overspend ... and, as I say at the end of it, there's actually no guarantee that I'll have a job. I mean it's not just that that's sort of difficult to live with, it actually makes you very angry because the sense of "Well you know I've been working very hard, getting more qualifications, doing Master's degrees, and post-graduate diplomas and all sorts of stuff", and there doesn't actually appear to be any concrete reward at the end. Of course you'll get platitudes "Oh well, of course we're not gonna lose you", you know, ( ) like that but I mean that isn't quite the same as having the prospect of a reasonable workable job description and a long-term contract.
> P7: And it comes back to my point I think about this whole thing about what is the original thing, what is the shelf life, what is the strategy around it? I mean the strategy appears to be that it's fluid. You get words like fluid and flexible, so we want a core of full-time lecturers, and ... there's a cynical side of me that it's not just about the trust getting back 0.6 of my salary, and being able to use that whatever, erm, I think it's about the university recognizing that there could be some financial issues around the corner and so what drives that, what drives this programme of putting practice educators in, and perhaps leaving us with one-to-two year contracts or whatever? I re-negotiate it probably on average every 18 months, over sort of as I say nearly six years. The longest I think was a two-year slot. I think, on a positive side, I still enjoy the variety, and I think on a personal level I've developed so much because I'm learning to bounce back from one culture to another, the culture you just described. LPFG3

However, these two group members also discussed that it was better <u>not</u> to have a permanent contract because this meant that the high workload, stress and logistical problems (travel; forward planning) associated with the role would not need to be endured indefinitely:

> P10: None of us can actually envisage coping with the workload for a long period of time. So in a way it's quite a reassuring feeling, and I'm aware that the fact that I've only got six months left is actually quite helpful to my carrying on. LPFG3.

and:

> P7: I think it would be worse if there's no end result, whereas at least with temporary contracts, the whole idea is that they're acknowledging (I suppose that's the only saving grace)... that there's some, you know, that it's gotta move on, it's gotta change perhaps. LPFG3.

FG members commented that their trust manager had no clear idea about what the role involved, and so it would be difficult to demonstrate areas of achievement and the need for the contract to be extended. However, several participants' contracts had been renewed, and this had been a relatively straightforward process. Only one person (LPFG3P9) was completely unconcerned at having a temporary contract.

Workload pressures

Participants referred to their role conflicts time and time again. This was a product of working for two large, complex organizations, with different structures and cultures:

> P4: They are very large and unwieldy organizations, both the university and the trusts [all agree]
> P6: Have you sussed out what an LP does? [all laugh]
> P5: We've been talking about that for quite a long time
> P6: Have you, umm.
> P5: Well, about whether any one knows what they expect from it. Have you?
> P6: Are there problems then with, because I think there are some good ideas regarding the LP roles, erm, but on top of that you also have two organizations to deal with [all agree]. You said that with sadness [laughs]
> P5: Well
> P6: So I'm just wondering if that causes also extra complications, 'cos effectively you have, I feel like I have two masters, erm
> P5: To please
> P6: Umm, it depends on which one drives most
> P5: Yeah, and which one you get the most support from, or not...
> P5: Yes, I think same here.
> P6: Other issues I think, in my own mind are managerial issues regarding, er, the role itself, and having, because my idea is if you have an LP, a lecturer who matches their practice to fit in with their teaching commitments, rather than the other way around, you know, a practitioner who mixes and matches their lecturing, doesn't quite in my head fit as neatly, so issues regarding, say, who employs you are quite important ... because you have two masters, inevitably the way it's, what I experience is having to juggle both, and they both might not see eye to eye, or have an idea of what you do, or you might have constraints in one area and not another, and you might not be able to match the two, so there is a sort of, intellectually there could be a big conflict there. LPFG2.

Flexibility with tasks helped, and LPs valued the freedom and autonomy that they were given in their roles to manage their daily lives, particularly by the university. However, the organizations' different requirements frequently took effort to reconcile:

> P4: I think you're quite fortunate that you're in a position where you can set your own agenda/
> P5: /Agenda
> P4: Of what you do with your clinical days, but I think that is also very difficult because what you're saying is "I want to do the right things for the people who are employing me, and I don't really know what they are, but they <u>also</u> don't really know what they are", and it will probably evolve over, you know, you haven't got the same <u>constraints</u> as if you're going in with a very fixed "This is what you have to do on these days". One of my big constraining factors is that I have a clinical commitment on one day of the week, always, because I run my own clinic on that day, and that's the day that fits in with the surgery and the room and everything else, so as long as I can always work clinically on a Thursday, that's the <u>only</u> clinical requirement really, and other than that I just put in the off-duty which days I'm working at the university, and then my rota's worked out around that. But CelCat, which identifies what is taught when, has decided that for this academic year, the group of students that I'm the joint cohort leader for are in university every Thursday.
> P5: So you don't have much choice about it /
> P4: /Well, it just means I'm always clinical on a Thursday, and the students are always in on a Thursday, and it's been a <u>huge</u> frustration over the last few months, because, erm, the other thing, I was asked to run another course, which was in on Thursdays, erm, and the clinical side seems to always have to sort of move the goal posts to accommodate what the university needs, which I think is slightly unfair. And I think we've sort of started to get round that a little bit, because I'm going to try and do split days so that I can have some part of Thursdays here when the group are in ... But I'm not sure that's going to make the job any easier. I don't know. LPFG2.

Role conflicts such as these were not successfully resolved for most LPs:

> P2: When [both roles] are hectic there is no room to give at all, there is no leeway <u>and</u> each side is not aware of the pressures of the other role, so there's no allowance being made. LPFG1

This resulted in excess hours being worked to cover the requirements of both 'halves' of the role:

> P1: I know I take stuff home, just basically to keep up-to-date ... 'Cos I know I jokingly say that it's not worth having a holiday sometimes 'cos by the time you get back you've got two months of ... jobs to keep ... sorted out. LPFG1.

Time pressures contributed to a feeling that the role produced unique mental pressures for LPs because of their high workload. This was seen as a potential source of burnout:

P6: Because you're just one person doing this role within two organizations, you have to be a very assertive individual to keep the role tight, otherwise you end up doing five days for each organization in a week,
P5: Yes, that happens too.
P6: And because it's, especially as you say, a new role, most LP roles are relatively new these last few years as people are coming in from practice, because they aren't familiar with the culture or ethos from the university, they may take on board the things that are too much of a workload, and learn the hard way. That might dishearten them or, er, undermine, or they'll burnout more quickly ... I think the risk of burnout for LPs is greater than if you're in clinical practice, or just straight lecturing.
P5: So I've read [laughs].
P6: And personal experience [laughter] tells me this as well. LPFG2.

LPs demonstrated their commitment to the practice side of the role; several referred to the need to protect patient or client interests being foremost in their thinking:

> P8: I think there's a huge difference if you're holding a caseload: because of things in that you can't just say "Oh well, I haven't got time this week". Having a caseload to manage ... I feel is very difficult
> P10: ditto, 'cos even with a very small community caseload of two clients ... I end up with two extremely difficult individuals, er, and you know, it is very very difficult because there can be a public protection [issue], which if anybody's experienced a public protection meeting which is a new, er, you can't say "Well, I'm sorry, I can't go, because I'm teaching"
> P8: Same with child protection
> P10: Absolutely, so
> P9: I think 'cos we've got 300 families who we're trying to keep on board at the one time. LPFG3.

Staying in touch with vulnerable clients was a particular issue for those with a long-term clinical caseload. Participants spoke of the anxiety generated by, for example, being in the middle of giving a lecture, and remembering the need to phone a vulnerable client or family, and then visit them in the LPs' 'own time' after a day at the university:

> P5: I know that I'm giving more hours, you know, that are needed, really, because sometimes when I've been lecturing here I go back to my caseload to make sure that I haven't got any urgent calls to deal with or whatever. Sometimes I'm still there by quarter to six dealing with my caseload. LPFG2.

Travelling long distances exacerbated mental pressures. This was highly problematic for many, and a real barrier to the effectiveness of their roles, particularly when trying to support pre-registration students in highly distributed locations.

Although several spoke of having homes full of work material, none spoke of a direct impact on family life or personal relationships, although this area was not the subject of direct questioning.

Role clarity

A common feeling was that role clarity was lacking, causing problems for LPs, undermining their potential for effectiveness in the role and adding to their work-related stress. Participants mentioned that they had no clear objectives or development plans set for them:

> P9: It's issues about power between the institutions with two different cultures. I mean I don't know how LP posts came about. I don't know whether the university and the trusts got together and said "Wouldn't this be a good idea" or whether it was the university said "This would be a good idea, let's see if we can second some staff" so I have no idea how the seed was sown. It would be nice to think the LPs in post would meet regularly, even if it was only once a quarter with both the trust managers and the academic co-ordinator in the university, so that they could actually work out some kind of future you know "What are your aims and objectives for the next quarter?" you know "How can you use the skills that you're acquiring in teaching out there in the trust, and how can you improve the lot for the students out there?" [agreement]. So there's actually some kind of structure to it. It all feels very woolly, and it all feels like you're just chasing your tail really...
> P7: And I think where that goes to is an important one, because it does go back to where this discussion started, this bit around erm, about appraisals, and supervision, and some notion of on-going development, rather than just allowing it to evolve ... Where did it start? What was it in response to? Do we still need it? which is part of the purpose of this is evaluating it, but I think it's everything's moved on ... [but LPs'] contracts have just sort of puddled along, haven't they? LPFG3.

This contributed to the feeling of insecurity, adding to the frustration and lack of job satisfaction in the role.

Several LPs mentioned that their job descriptions were not helpful, or that they had not received one, or had not been given a contract. It was commonly stated that the university had a clearer and more coherent role mapped out, but even so, LPs perceived problems in understanding their roles, operationalizing concepts, and ensuring that their practice experience fitted their teaching commitments:

> P6: Without a nice match between the two, how can you have an LP? You have a lecturer and a practitioner. Still, there's that conflict going on, erm, when it comes to things like continuity of doing the role ... [my] two masters ... I don't think have actually clearly thought the role out 100%. LPFG2.

LPs discussed how they were unclear about whose needs the post was designed to meet, and this was a source of conflict with trust managers. There were sources of confusion and frustration in the university 'half' of the role, and these were identified as: little control over their teaching; lack of clarity over what the teaching role entailed; lack of clarity about how their roles differed from SL roles, and how LP roles were perpetuated 'by default' by the fact that SLs did not always link adequately with clinical areas or engage in practice. Notable exceptions to this had a high degree of role clarity. One LP was very clear about what the LP role entailed: responsibility and authority for maintaining standards in clinical practice. This was attributed to having a good, clear job description:

> P13: It's important to have clarity in your role. My job description actually says that I'm responsible for maintaining standards and for formulating policy and so I have got responsibility as well as authority. LPFG4.

There were as many different interpretations of the LP role as there were LPs:

> P2: I'm a [clinician], and I work for the university, and never the twain shall meet.
> GRW: But there isn't really anybody in the organization doing anything like that currently.
> P2: No. There are other LPs, but they are in sort of slightly different fields. And I think they either had existing, sort of, education roles, or they took on the LP role, so they sort of fit it in a lot more neatly, rather than something they are trying to develop retrospectively.
> P1: That's one of the first things you learn, actually, if somebody says "I'm an LP", you automatically say "Well what do you do?" You know, I know five different LPs and they all do something different.
> GRW: I think that's very common...
> P1: And I think that's sometimes why trusts get a bit hazy on what to expect from you, or what are you actually doing, because this is so. LPFG1.

The different interpretations of the LP role at the School can be loosely grouped into three categories, based on data from the focus groups (table 5.5).

1. Purely clinical/university lecturing 2. Trust education and training role/university lecturing 3. Clinical role/trust education and training/university lecturing

Table 5.5: Categorisation of lecturer practitioner roles at the School

LPs in the third category (clinical role/trust education and training/university lecturing) generally voiced more satisfaction with the role and reported themselves to be more effective in the role, with job descriptions that they described as structured and clear.

A strong area within 'role clarity' concerned 'improving the role'. There was one over-riding area of agreement: that the LP role would benefit from regular meetings between LPs, trust managers and university managers, where aims and objectives could be set and reviewed, LPs' skills development discussed, and their overall performance reviewed. This could be linked to a formal system of joint Individual Performance Review (IPR) or appraisal. Such meetings would improve the role clarity, job structure, and flexibility between the two organizations. In the following exchange, P2's comments are representative, whilst P1's illustrate the positive impact that such good managerial arrangements can have on LPs:

> P2: I need better communication between the university and the trust. My [university and trust] manager[s, and] myself have met once, just before I started the post. Just to talk about what days of the week I was going to work, and that wasn't followed through anyway, it had to go out of the window, so erm. But just more regular meetings would have been helpful...
> GRW: So what would you say would make your life easier as an LP?
> P2: Meetings between the trust, the university and myself to thrash out any concerns that people have that go unsaid about time management, or workload, and to feel that someone's actually looking at the pressures on me, globally, rather than someone being only aware of half of them each time ...
> P1: I don't have a problem with that. I know my two managers; they talk to each other at least once a year about me, because I'm on a senior management scale, as I'm on a trust contract, I have to have an appraisal, which determines my pay for the following year... So I know that I always have my university appraisal first, and then my trust one, because obviously it is linked into that trust one. Erm, but I know that they do talk to each other, and if I have any issues, I raise it with them quite happily. LPFG1.

Preparation and support

Preparation and support were discussed together. LPs expected a formal, structured period of preparation in the early days of the role, but reported little effective preparation, induction and orientation. There was patchy support for their transition to the new role. Difficulty with lack of knowledge about university policies and procedures was common, as was a lack of communication about new roles, jargon and abbreviations used. There was disagreement about whether the PGDipEd had prepared LPs for the transition. Some participants said that the university induction event was helpful but others found it unhelpful. Others had received no induction, or two weeks to 'fit in to' the new role. For example:

> GRW: Was there any sort of specific preparation for this after you had been offered the post, or when you took the post up?
> P3: No, nothing
> GRW: Any induction?
> P4: I'm still waiting for mine!
> P5: I'm still ha ha ha
> P3: Well I had a meeting with the academic co-ordinator for the site, [who] welcomed me on the morning and had a little chat, and then took me round to one of the senior lecturers who then was asked to sort of show me around, but erm, I felt it was a bit informal really… but you know, to be fair, they look out for me, but no, there wasn't anything sort of planned.
> GRW: Anybody else?
> P5: There was a bulletin, a circular that actually says, induction period where they actually whisk you around all the sites. Did you get that?
> P4: Oh I heard about it
> P5: They take you to/
> P4: /About a year after I'd started/
> P5: /That's right. Well all the dates actually didn't comply to the dates that I could manage, so my colleague and I were going to go on this tour of the sites as part of the induction, but the two of us never got round to it, so, er, no there was nothing in place. LPFG2.

Some other LPs spoke of informal mentoring arrangements as useful:

> GRW: Did you have anything in terms of preparation for taking on the role?
> P7: No. I think, er, it depends how you define that in terms of preparation. I think certainly when I started, erm, one of the senior lecturers was appointed as a mentor to me, sort of unofficially. You become very resourceful and you look for your own supports and your own, erm, guidance, whatever, which I think has been a good personal development issue. There was a mentor appointed, erm which helped with that learning curve, and helped me to prioritise and was very useful in the first few months definitely.
> P8: I felt what was missing for me was a sense of belonging, and I didn't feel I

belonged anywhere, I was somewhere floating in the middle, and that is very uncomfortable.
P7: Chameleons. LPFG3.

These uncomfortable feelings and anxieties were worst in the early months of employment, reflecting LPs' move away from existing clinical colleagues and familiar work:

P1: I started in about June time, I think, May/June, and there were no students, I had no teaching and it was like "What am I doing here?" ... and then, sort of, the students started in September, and I was really in at the deep end, and although I'd been given sort of a mentor, who tried to explain about the modular system, and the personal tutor role, and until I actually started to do it, it didn't make much sense ... it was like the blind leading the blind, trying to get my head around policies and procedures and things. LPFG1.

These feelings were made worse by lack of support structures for LPs:

P4: One mistake, if you like, I think the university have made is introducing a lot of LPs and then not introducing a support system for them. And, I, it wasn't until I went to the first School Conference, which was about six or seven months after I was in post that I really got to talk to any other LPs, apart from the one that I do share an office with, and she and I work completely differently because the other half of her role is different. And it was really nice at that conference to be able to speak to other people who did a similar job, and realise that all these things I was thinking weren't just that I was completely barmy and not [all laugh] doing the job ... I think it would be really helpful to have some sort of erm, regular get together with other people in a similar situation. LPFG2.

A clear idea about how such a support network could be structured was offered in one of the groups:

P7: I'd be looking at something monthly. I think some notion of ... clinical supervision, and ... it's one of the biggest things that's lacking certainly in terms of supervision/on-going appraisal of your work. So it should be no different from me on 0.6; an academic co-ordinator looking at what I've got *vis-à-vis* my other role; either that was a joint thing or with each person, whatever.
P10: Yes
P7: because the issues are exactly the same... I think it's important for the belonging bit. I think it's important for being in part (I've never had a problem here on this site), of being part of things.
P8: I think that's where a the sense of belonging comes in. It's not saying that you weren't made welcome, and there wasn't the support there, but there's just the fact you didn't feel fully involved because of the fact you're only here half the time. LPFG3.

Although formal structures were lacking, LPs generally established their own informal networks:

P10: In terms of appraisal and support, it's, my experience has been it's sadly lacking on both sides, and I see them as perhaps one and the same thing. I think appraisal is supportive, even though there maybe some negative criticism, because it's extremely important, and I feel we're all, we all end up in a rather regressed sort of state "Well I don't know how I'm doing, and I don't know how I really feel about how I'm doing, and I'm not really getting any feedback from all these people around"=
P8: =I think you look for your own support. Certainly my position having another fellow LP is really helpful.
P10: Yes
P8: Having somebody who knows what it's like for you, and that I think is quite significant that you tend to sort of look, you build your own areas of support. LPFG3.

Others also said that support came informally from colleagues in both the university and the trust, with examples offered of formal support given by trust managers and other lecturers in their School team.

Those who had problems adjusting to the new role said that things got easier as time wore on, and they eventually felt comfortable in the new role. They liked the autonomy the university offered them, and the ability to manage their own time:

> P2: I've quite enjoyed the new culture really, it's kind of refreshing … That kind of feeling of actually being treated as an adult … with your own time management. LPFG1.

With time, the role eventually became clearer and LPs settled into the role and became more self-directed:

> P3: When I first started the job [I wanted] <u>permission</u> to do things, and now I'm much more able … to choose to do this or that … [I] just carry on and sort of … implement things, without necessarily having somebody say "Yes, that's a good idea", or "No you can't possibly do that". LPFG2.

However, ongoing support was problematic for some:

> P5: I don't have any support framework or anything like that in my clinical practice, because nobody understands the job, and they really don't know what it is for, so really there is absolutely no support whatsoever. LPFG2.

Gains for the trusts, practice areas (staff, patients, students), and the university

Closer links were mentioned, as was LPs' liaison role between the two organizations:

> P10: That ought to be the starting point; the … liaison aspect for both sides would be important. LPFG2.

another said

> P1: [The LP role is about] forging those links, which has been really good, and it's been really good for me as well. But also, giving more value, I think, to education. LPFG1.

Those with a trust educational role were clear that trusts benefited because post-holders led practice development, which was essential for improving practice and managing change. Several participants mentioned improving the profile of education, believing themselves to be role models who offered clinical support, and facilitated learning in the trusts:

> P13: What I'm very careful not to do is build that authority up in, um, in a dogmatic, autocratic way but really by example and by role modelling. LPFG4.

LPs also influenced the contracting process. Two spoke of purchasing courses as part of their remit. Others had been instrumental in designing courses to meet local needs in their trusts.

Those without a clear trust educational role were generally less clear about what the trusts would gain, and felt that their managers did not have clear expectations of them as LPs:

> P4: I'm not sure they could look at how effective the role is, or whether they are getting what they want because I don't think they knew what they wanted in the first place… and that ought to be their starting point … I mean the liaison aspect for both of sides would be important/
> P3: /Yeah/
> P4: But for the managers in the university to get together with the clinical managers who are employing LPs, or before they ever employed them, and identify whether they needed or wanted LPs, and if they did, what they wanted them for, and I think the whole concept was introduced because it was seen as a /
> P3: /Good thing to do?/
> P4: Yeah, well, yes, and I don't exactly know, well I don't know what the background to it was, but I think it was probably a strategic move on somebody's part to appoint LPs, without really thinking through what they were for. LPFG2.

Some LPs saw themselves as a resource for their clinical areas, offering research dissemination, audit skills, 'theory', motivation, change management, and clinical supervision to integrate theory and practice. Some said they were able to re-use teaching material developed for one organization in a setting in the other, with benefits for their workplaces. For example:

> P13: You can't be stale can you, you've got to keep up-to-date with what's happened research-wise and evidence-wise, and I think that my environment is certainly benefiting from my lecturing because I'm bringing things back all the time, and the LTHE course I'm able to think back, and start inspiring people there as well, and I think long-term it will have a very good effect. It's very difficult to evaluate these things short-term.
> P12: What I find also exciting is the fact that, erm, not only am I teaching here at the university, but also when I go into practice I'm working with quite a few different areas, in critical care, in theatres and the surgical department, and I'm able to link the actual education together and share it with colleagues in all three areas really, and that I can actually give more holistic, erm, information to them, and be excited about "Oo, why don't you do this, or how about this, have you thought of this", so it's quite exciting.
> P11: And you find the homework you've done for one set of people takes very little adaptation to use in another context, so the effort you put in pays off in many, all round, and is very beneficial in that way. LPFG4.

Regarding students, no clear picture of the balance of responsibilities emerged from the FGs, because LPs continually spoke of their roles with students in a generic sense, making it difficult in analysis to untangle whether the LPs were referring to pre- or post-registration students. What emerges is a sense of LPs' commitment to students, supporting and encouraging them in their clinical work, how multi-faceted this is, and also the extent to which formal university teaching interferes with the student support aspects of the LP role:

> P7: Whether it's more about being a facilitator and that is one of the key things that maybe comes out is about some sort of notion of working with students, and using those contacts with practice, using whatever that is, more effectively... I had good links, and this is what I think the key issue is about, is the links with people, and I had key links with people that full-time lecturers couldn't have, and what I was doing was doing the encouraging and the facilitating of how they worked with students out there. So we didn't create artificial posts, we didn't create something to put in there, we actually tried to get that stimulation happening out there: the teaching, the learning, the environment right through our encouragement, our facilitation, and I'd like to still do more of that, erm, and maybe less teaching. And it's back to what we all sort of said, you get cast in, the sort of 0.5 or 0.6 bit is about "Will you take on this module, will you take on that", and immediately

you're into that lecturer role, and there isn't really a distinction, and that, there's a whole conflict with that ... Don't you? [looks to P10]
P10: Here here [all laugh]. LPFG3.

In another group, the following exchange occurred:

P4: Well I have to be at university on three days because the students are in, and then fitting the clinical around it. It's not as flexible as it needs to be, and I'm in the process of trying to increase that flexibility, but it's quite difficult really. And like you, I feel now I've lost my student contact in my clinical role, which is a complete joke if you're an LP. I don't see any students clinically now because I'm not in the clinical environment enough to have a student, because you work one to one with a student/
P5: / That's right/
P4: In the community, and they're with you for X number of weeks, erm. I'm not in an appropriate situation to actually have students, so I don't see students when I'm clinical other than sort of by chance, anyway. Which is a bit frustrating. LPFG2.

Attempting to overcome the TPG was not mentioned very frequently, but the following exchanges illustrate the views held on the matter by some LPs:

P11: They've got to integrate it haven't they within their own selves.
GRW: So any ideas about how the LP role can do that?
P11: Well I think we've sort of been talking about it.
P13: By when you're working with students and with staff, is actually, sort of, bring up the theory application
P11: And role modelling, I mean I think I would very much like to think that I fit that Benner's description of the expert nurse.
P13: You do, you do. I think we all do actually [laughter].
P11: Therefore if we are operating at a level and you know surely the sisters should be operating at that kind of level, yes, you get more experienced sisters than others, but the experienced sisters must be a role model to look at, not only in a practical [sense], just to see how they operate.
P13: I think they forget about the theory aspects as well, because they are just so busy, they just continue with the management. This is where we can actually sort of bring the research and get people to start thinking about "OK, we're doing a dressing now, what is the best way?"...
P11: You do actually see expert nurses in one sense at every level. I've seen some wonderful student nurses operating... you do get this very encouraging element I think at every level.
P13: And we could be encouraging them even more, couldn't we? Their growth and their development, I mean. We're doing clinical supervision in the ward, and I feel that there is something they can actually focus on. Not necessarily LPs, but to help integrate theory and practice, is by having the students combined with the trained staff, doing clinical supervision, to discuss their sort of actions and related to theory... [it] could be one way of actually integrating the theory and practice. LPFG4.

and elsewhere:

GRW: Any thoughts on how the LP role has allowed you to link theory and practice?
P2: Yes, I think it has made a big difference, particularly when teaching, I think it's a great advantage being out in practice, being able to make very clear and direct and up-to-date links as far as my [clinical] involvement, so when I teach about [aspects of this], and what's happening, you know, well I feel I'm at the coal face... because it's all changing so drastically and evolving
GRW: Anything else?
P1: I just find theory and practice just links right the way through everything really, so, and I'm used to working with students who are working in lots of different clinical areas. LPFG1.

The direct benefits of the LP role to patient care were not well discussed in the FGs.

Although not as well developed as the gains for practice areas, there was agreement that the university gains from having up-to-date people teaching on modules. It was believed that LPs had recent clinical practice expertise that SLs rarely had. LPs were clear that teaching credibility came from practice:

> P1: Still having a foot in the clinical camp, although I might not actually be physically hands-on working on the ward, I am aware of what's going on, and I'm still writing policies and guidelines, and things like that, so from that aspect, it's keeping me very up-to-date with what's happening in practice.
> GRW: Yeah
> P1: And I think the students recognize that. But also because I do a lot of post-registration support and teaching as well, and they recognize it as well, and you know, especially when they are doing level three studies and it's a lot of reflective writing that they are doing, you know, I know where they are coming from, and they know I know where they are coming from.
> GRW: Yeah
> P1: So you can help from that aspect.
> GRW: So how important would you rank that sort of clinical credibility as being in your role?
> P2: It's very important.
> P1: It is, yeah, and it's fairly near the top somewhere ... LPFG1

The link between clinical practice and the university was mentioned:

> P10: The perceived benefit, or what whoever designed the idea of LPs were I think trying to get at, was the notion of someone who does bridge this gap, who actually has an input to curriculum development, and they're coming at it from both an academic and a clinical practice base, who can actually, erm, speak both languages. LPFG3

and:

P3: I was very much given the impression at pre-interview and interview that they very much wanted to try and reinforce these links [between] education and service, and I guess the LP role is perceived as one way of improving that ... that's one thing they were hoping for.
P5: They certainly gave that impression when you are being interviewed, that they value your clinical expertise, and things like that. LPFG2

Several participants felt that LPs were 'cheap lecturers':

P2: The impression is there that they do value the clinical practice and er, but like you said, still that element of 'cheap lecturers', because they don't change your contract or anything. If you look at the salary range of lecturers, you actually, both with that because you just carry on with your contract with the trust, and the university just re-reimburse the trust for half of the money you're being paid. LPFG2.

Participant feedback events

In order to discuss the findings with participants, two 'feedback events' were held, with LPs invited to participate (as part of the initial planning phase illustrated in figure 5.1). Those who could not attend were asked to contribute by e-mail. The following summarised findings were collated from group discussions and e-mailed comments:

- I support the notion of the LP role being 'developmental' with a view/option of a permanent contract with the university. Perhaps this process could be investigated in terms of appraisals, supervision, etc. and how the role is developed over a period of time
- It may be worth examining the LP role from the 'NHS side' to look at expectations, professional development etc. Otherwise, probably a fair reflection of the role across the School. Thanks
- LPs should not be used as curriculum gap fillers to support the large numbers of post-registration courses
- LPs should be encouraged to teach the subjects that they identify themselves as areas of clinical expertise
- LPs must be involved in workload distribution process in the School
- Accurate and appropriate dissemination of the findings please as there has already been quite a bit of discussion about how the LP role is fading out. Is this what the university is driving towards? Is the LP role secure? Some reassurance about this would be helpful and most appreciated
- LPs must not be financially disadvantaged. Salary scale needs scrutiny (especially with travelling and support of students in own time)
- University and trusts need to acknowledge the LP role more fully. Utilise LPs more in this area both in education and clinical practice
- Grading – huge disparity in grades – need recognition for lecturer role
- University and trust to discuss what they would all like to see the LP doing – helps for good collaboration – all working towards the same goals (I had this with my manager and academic co-ordinator with good results)
- Time needs to be scheduled into the LPs working practice for research and other academic pursuits

- I know that my voice was a lone one in that I felt that I had good role clarification. The themes do reflect what we discussed in the FG

Data analysis from the FGs gave a clear indication of problematic areas within the LP role, and work on developing the areas commenced in February 2001. This work is introduced and discussed according to the chronology presented in table 5.1.

Project Steering Group 1. 20/2/2001

As a result of the findings from the October 1999 FGs, work began on developing aspects of LPs' roles, and to oversee this work a Steering Group (SG) structure was set up. This was intended to provide a project management function, with colleagues scrutinizing the direction that the work was taking, as well as offering suggestions, and a confidential discussion forum for the duration of the project. Rather than a planning function, the SG acted more as a forum for reflection. Members of the SG were chosen for their interest in LP roles. There was representation from LPs, university management, and the local NHS trusts. My two doctoral supervisors were also on the SG. In addition, two LPs were chosen to closely collaborate with me in the development of the project, based on their location, their personal interest in the project, and also because they still had two years left in their posts. This trio became known as the 'collaborative group', and these two LPs also became members of the SG. Another LP from another site was subsequently asked to join the group, to give wider representation, but she declined to attend meetings or to contribute.

The members of the SG were 'outside' the project, in the sense that they were not participating directly, and this offered a degree of ethical protection for participants, because we were required to feedback developments to the SG. At the initial SG, the key areas from the preliminary work requiring development were identified as LPs' joint job descriptions, joint appraisal, and a support network. The use of a questionnaire to quantify elements of LPs' occupational stress and burnout, and to measure any potential changes as

a result of the project as an 'intervention' was also discussed at the SG. This idea was part of my initial thinking about data collection in the study. It was agreed that the collaborative group would take the work forward.

My research diary shows some apprehension about beginning the project, a faith in the collaborative aspects of it, and a willingness to take on a facilitating – rather than a directing – role. Although I had ideas about the project based on the preliminary work, the following diary extract shows that at this stage the direction it would take was still negotiable:

> I am not really sure quite what people are expecting of me … There was a lot of discussion on how difficult the LP role is/was for people, which is good as it confirms that people are supportive of the project.
>
> We decided that the LPs and I would meet again in a month's time and that I would obtain job descriptions to work on for that meeting. I think we need to develop a strategy for involving all the LPs currently in post, or at least those who are interested in being involved. I feel as if I don't have a clear plan yet, which might be a handicap. I need to try to bear in mind that AR is collaborative and therefore should be about formulating a strategy together. It shouldn't be about my leadership, although as I have done the initial research I am well placed to be the co-ordinator and also to do the work that we decide as a group.
>
> One thing that has been impressive is the keenness with which the two LPs have approached the project. Both have agreed to write reflective diaries, and the conversations I have had with them have indicated that they are hopeful that things will change for them. They spoke of feeling incredibly motivated after [this] initial SG meeting, but then getting a bit deflated. I think I need to keep the momentum up.
>
> I feel as if this is a bit of a 'phoney war' period. I'm registered for a PhD, and am doing a bit of 'behind the scenes' work, reading, putting together questionnaires and talking to people ... I want to be able to say that I have changed institutional practice here and made the working lives of LPs easier, less stressful and also raised awareness and recognition of the status of LPs. The questionnaire and focus groups should demonstrate this.
> 28/3/2001. GRW

Recognising the two LPs' motivation was encouraging, and was important for the project, because without it, little headway would have been made. The LPs agreed; A wrote:

Thoughts and feelings: Initially I felt a genuine concern that I would not be able to commit the time required to this research. I found this frustrating as I see the research as being extremely important and necessary. Following the meeting I felt quite excited: it seems that the role will develop via this research and hopefully this will improve my own career prospects and personal development. I was also pleased to see some senior members of the School on the SG as this made me feel that the issues would be taken seriously and addressed.
Reflection: a very interesting and useful first meeting. In some ways I now feel even more frustrated with my current role. The discussion gave rise to ideas such as:

- B and I writing an article about the setting up of an LP supervision group.
- I was reminded of my own research project
- The many different clinical research studies that could be facilitated by an LP that could make real changes to clinical practice.

All of these ideas, although exciting and inspiring, also made me realise that I am totally unable to meet my own current workload, let alone take on anything else. I do, however, wish to continue with this AR project as I see it as the only realistic way of changing the current status quo. I am also sure that the meetings will prove to be a valuable support mechanism for me. I did leave the meeting feeling excited and inspired, it is only now, after a few days, that I am reflecting on the frustrations and anxieties.
20/2/2001. LP A

B's diary revealed similar concerns about the potential workload that participation in the project might bring:

Thoughts and feelings: Exciting to hear about future research plans. I'm concerned not to take on lots of extra work, although this could well be energy with exciting return. I was surprised to see such a mix of people at the Steering Group. The issue of confidentiality is in my mind.
Reflection: Time well spent. I felt so much better: there is light at the end of the tunnel! It's good to have an opportunity to discuss the positives and negatives of the role. Great to have someone interested. Really encouraging as here is a very real opportunity to develop the LP role and support structure. I am enjoying my job, but I know I will not be able to maintain this pace. This has concerned me, as I'm not sure where my career is going, but now I feel there is some real potential to change things in a constructive and valuable way.
20/2/2001. LP B

These diary extracts show that we were feeling anxious about taking on this project. I was apprehensive about not yet having a clear idea about how the project would develop, whilst

the LPs were worried about adding to their heavy workloads. I received a second reflective piece from B soon after, in which she talked about feeling overwhelmed with responsibilities in two different clinical areas and the university. She was also taking on an unfamiliar, new 'module leader' role, and working a rotational shift pattern in her clinical practice. B identified at this early stage the issue of confidentiality, and although she did not go into detail in this reflective diary entry, she was referring to identification of participating LPs by others in the organization. Despite these reservations, both LPs were willing to get involved, and saw the project as offering the opportunity to change things for the better for other LPs and themselves. Keen to take the project forward, we arranged a collaborative group meeting.

Collaborative Group meeting 1. 28/3/2001

We began to work on the areas identified from the FGs and discussed at the first SG. I had collected job descriptions from local trusts, the university and other LPs, and tried to amalgamate them to produce a 'joint job description', which the School and partner trusts could adopt.

A and B had started a support group, which they had modelled on clinical supervision, but with a broader focus to encompass aspects of 'life as an LP' rather than the purely clinical elements of their role. The use of a questionnaire to quantify LPs' occupational stress and burnout was mentioned at this meeting, as a means of measuring these concepts and also to demonstrate any changes made as a result of the project. This concept was not formally discussed, although there were no objections to the idea from the collaborating LPs.

The collaborative group meeting's discussions fundamentally questioned several of the premises of the LP role, and set the direction for much of our future collaboration. It was highly charged: exciting rather than challenging or combative. My conceptions of the LP

role, shaped by reading and research rather than personal experience, were very different from those of the two LPs who lived the role on a daily basis.

A summary of the minutes of the meeting follows:

> *Job descriptions documents review*
> We came up with a fundamental problem: as LPs are secondments from the local trusts, their contractual status is that of practitioner and part-time lecturer, contrasting with the original OBU conception of the role as integrated, to encompass practice, management, teaching, research, etc, to link theory and practice. [Our current role] is not really a 'LP' role for most post-holders. This is at the root of a significant amount of the confusion and disorganization that exists: LPs cannot simply step between settings because the two organizations are so completely separate.
> The lack of joint job descriptions, different pay structures and different IPR methods is evidence of this, and reflects this divide. For LPs, wearing different badges when doing different jobs in different settings reflects the personal psychology of this. Ideally, we would recommend that LPs' contractual status be changed to represent a truly joint appointment.
>
> In the short term there are two choices.
> 1. Abandon the title LP and start using the term part-time lecturer, to denote a practitioner brought in to teach modules. This person would then be paid at senior lecturer level to reflect their expertise (regardless of their grade in the trust).
> 2. Construct and get accepted by university and trusts a joint job description, which would also act as a trigger/schedule at review/IPR meetings.
>
> - *Action:* GRW to construct a draft joint job description for further discussion based on core headings from the job descriptions documents review work.
>
> *Strategy ideas*
> The strategy ideas were accepted with some discussion
> - We should disseminate the ideas amongst all the LPs currently in post
> - Meet in May to discuss the job descriptions work and the project in general with all the LPs
> - Consider employing part-time lecturers to link with a clinical facilitator to run post-registration courses. Also, as post-registration clinical courses could be located increasingly in local trusts' 'training departments' under the partnership arrangements, these will be taught by trust employees, avoiding the division between university and trusts
> - Support group strategy. This should be our next priority. We discussed circulating the terms of reference for the clinical supervision group. This should form the basis of locally based groups at the School sites, run by LPs themselves. This strategy needs to be discussed at the May meeting with all LPs
> - It was agreed that developing a policy for LPs' induction should be the last priority. It will affect few people at present because there are few LP appointments currently being made

In her reflective diary, A noted the following:

> *Key points:* The [LP] jobs appeared to vary enormously. After discussion we started to wonder if the university actually wanted to employ LPs or part-time lecturers to run courses! This seemed to be a fundamental point as most job descriptions talked about two separate roles.
> *Thoughts and feelings:* Talking to GRW and B is always helpful. I am gradually making sense of my own role. The discussion relating to LP or part-time SL seemed extremely pertinent to me. I feel sure that it is this ambiguity that is making my life so difficult to balance.
> *Reflection:* The amount of work that will be needed to complete this AR is now becoming clear. I feel that we need to seek information from the organizations involved before we progress further. If we're not clear about what these organizations actually want we will be unable to write appropriate job descriptions. I feel very excited, and in a strange way, supported by this research. It has come at a perfect time for me as I try to decide on my future career pathway.
> 28/3/2001. LP A

B wrote:

> *Reflection:* Good to meet and have the opportunity to talk about the role and 'bash' ideas out. Confidential, safe and supportive environment.
> 28/3/2001. LP B

I continued to work on the joint job description, based on the review and comments made at this first group meeting. The collaborative group met again soon afterwards to review this work.

Collaborative Group meeting 2. 2/4/2001.

The summarised minutes below give an account of what was discussed:

> We discussed the potential problems with formulating joint job descriptions, and solutions to these problems.
>
> *Job descriptions documents review (2)*
> Key areas of discussion were the extent to which it is possible to formulate a joint job description, and the degree of clarity that exists in either organization as to what the LP role entails.
> 1. We decided that it is not possible or realistic to formulate a joint job description. It is simply not the case that the role is a unified whole at the School, as the two organizations are too separate now, and want different things. Trying to construct shared elements in a job description is not helpful, because whilst it is possible that the university would require similar things from LPs, it is likely that individual trust managers will require very different things from them. Also, it would not be helpful to LPs already in post, who would be working to three (or more) sets of job descriptions. We decided that

the current draft proposed joint job description is of little use, but might be useful to as pointers/cues at IPR/review.

2. More clarity is needed regarding what both organizations want from LPs. We discussed at length whether in fact what currently exist under the name 'LP' are in fact practitioners who are also part-time lecturers. The key question was to what extent the separation of the organizations is fatal for the LP role, as it can never be unified. We considered whether we should drop the title 'LP', and instead accept that the organizations want and require different things from post-holders. However, this would only side step the problem, leaving the LPs in post with the same problems, still requiring greater clarity than they currently have in their roles.

   Although it is not possible to <u>formally</u> unify the needs of the different organizations, the varying elements of the role <u>are</u> *implicitly* unified. They overlap in a manner that is messy and confusing, but essential, and makes the LP role interesting and exciting for post-holders. This came as something of a revelation. We constructed the diagram below (figure 5.3):

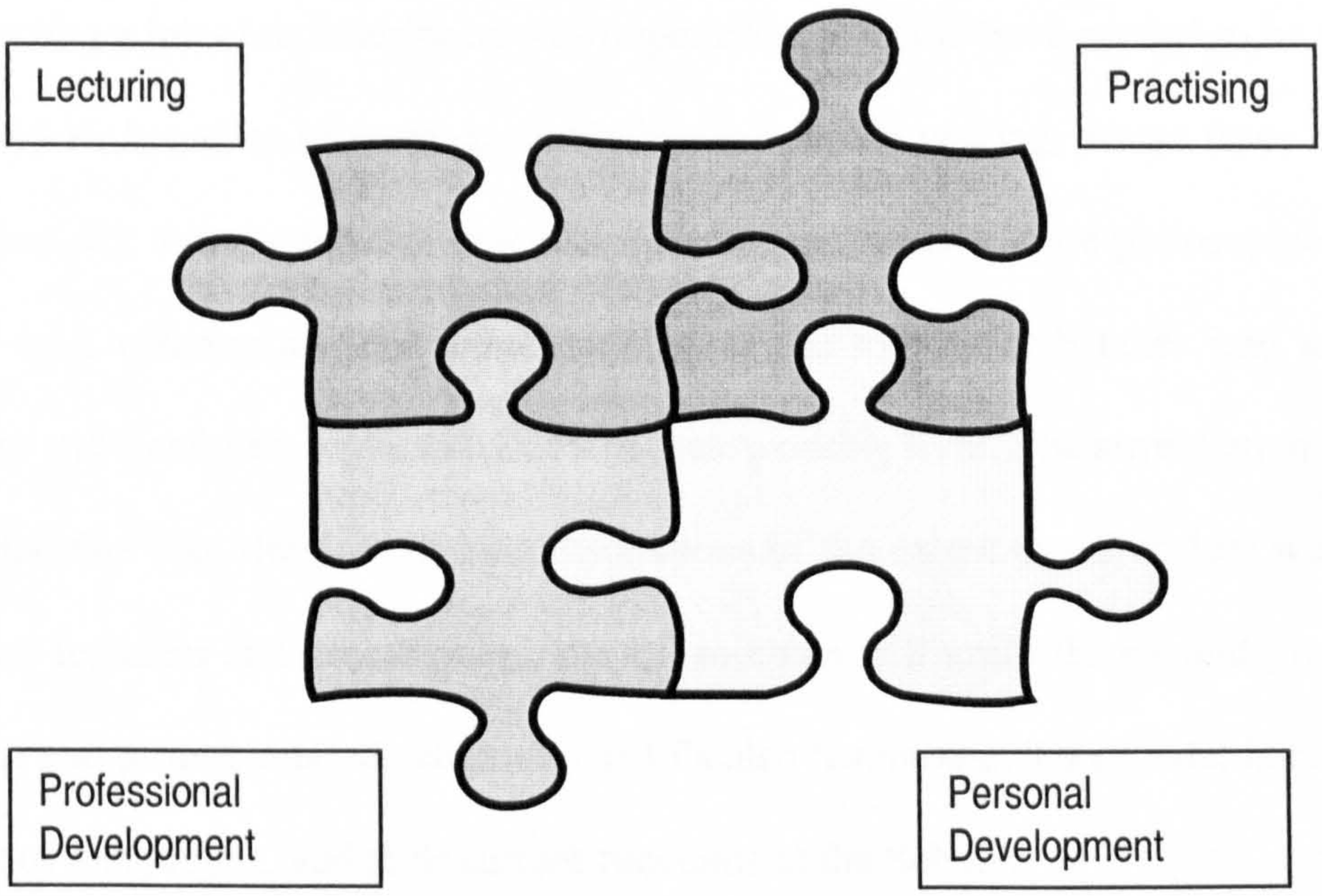

Figure 5.3: Four elements to the lecturer practitioner role at this School

The four elements are interwoven, interlinked and mesh together. There is a strong desire not to lose speciality knowledge from practice, but to develop it and teach it to others. LPs love their subject areas; essential for effective teaching. LPs engage in their speciality when in practice, and this is what makes the role unique. The elements form a central space. B discussed this as where the joy comes from, where every aspect comes together.

Far from the role being two very separate halves (teaching and practising), it is more unified than we first discussed. People from another speciality could not deliver LPs' teaching, and LPs could not act without the four elements being unified. They are implicitly unified.

In this new context, we discussed solutions to the lack of clarity in LPs' jobs and workloads. We discussed workload analysis, but decided that would be unhelpful: workloads vary and there are different conceptions of what constitutes a 'high' workload amongst LPs who in fact have different levels of work. Instead, we decided that we would concentrate on the issue of establishing a meaningful joint appraisal for LPs, where workloads and priorities could be discussed.

- *Action:* GRW to:

1. Re-work the current draft joint job description and turn it into 'IPR/review pointers'.
2. Construct a format for joint appraisal for LPs, to include joint paperwork, and address the issue of exactly what university and trust managers expect from post-holders. This now seems to be the key issue. Rather than meet again, this should be circulated by e-mail for comments, and then discussed at the whole group meeting in May. This is to be piloted by A and B at their own appraisals.
3. Next task: to formulate group support guidelines and discuss these with the whole group of LPs, at the meeting in May.

Constructing a joint job description was impossible. It would have needed to be relevant to trusts and all branches of nursing, midwifery and health visiting, across three counties in the region. By abandoning this practical task, we arrived at a more philosophical view of the LP role, offering an LP-centred 'model' of the roles, which takes into account the diversity and flexibility required by LPs in their working lives. The attraction of this model lies in the fact that, despite our long discussions of the extent to which LPs were actually part-time lecturers and practitioners, the LP role can still unify theory and practice, with personal and professional development of LPs also paramount. This model is rooted in the context of this project, and their current functions at the School.

I made the following reflections about the first and second collaborative group meetings:

Joint job descriptions:

I felt that writing a joint job description would be reasonably easy, and the difficulty would be in getting it accepted by trust and university managers, and then used by the LPs themselves. However, trying to write a job description was actually difficult, because it is difficult to put something on paper that is meaningful and relevant to all LPs, particularly when trusts will want very different things from their LPs in different settings.

In the first meeting, we discussed how the separation of university and trusts

was a serious problem, because it meant that the role was not 'unified'. Despite this I went ahead and tried to design a joint job description. At the second meeting we decided that this was unworkable, and that it was more important to look at a joint appraisal strategy and related documentation. This will allow LPs to get clear from both sets of managers what they expect and require from them, as well as discussing workload allocation and priorities.

When we were discussing these issues at the second meeting my feelings were mixed: I kept thinking of the initial project work, and it's recommendations, and how we should try to stick to these. I realised that I needed to be more flexible in my thinking about these issues, as the impetus needs to come from the participants: *facilitated* not led, by me. My thinking changed following discussion and one revelatory moment when we went beyond talking about LP roles as they currently exist at the School as 'failed' roles because they do not match the original 'unity'. Instead, we talked about abandoning the term LP in favour of a part-time lecturer and a practitioner role. However, it became clear that this was not an option because there would still be a variety of problems for post-holders, which would remain unsolved and, more importantly, the roles are implicitly unified, because LPs bring together elements from practice and theory in their working lives. This is valuable because it allows LPs to develop their teaching and practice roles, and is essential in 'enthusing' students (back to the original conceptions again!)

I'm starting to feel now that the 'phoney war' is over! I've made good contacts, and arranged to speak at a meeting May [with all LPs], circulated the invitations for this and the first distribution of the questionnaire. I've also publicised information about the preliminary work on my staff web pages.

I feel that we have actually gone through one complete cycle: identified a problem (job descriptions: see figure 5.4, below), planned a strategy, acted upon this, observed and evaluated it, and finally, on further reflection, decided that this issue was not as important as it appeared. Therefore, our opinion is that we explore another avenue, that of joint appraisal/IPR. I'm quite excited about this: it feels like we are doing AR now! I am starting to understand the concepts a lot better, particularly the spiral framework, and the view that you need more than one cycle in AR studies.

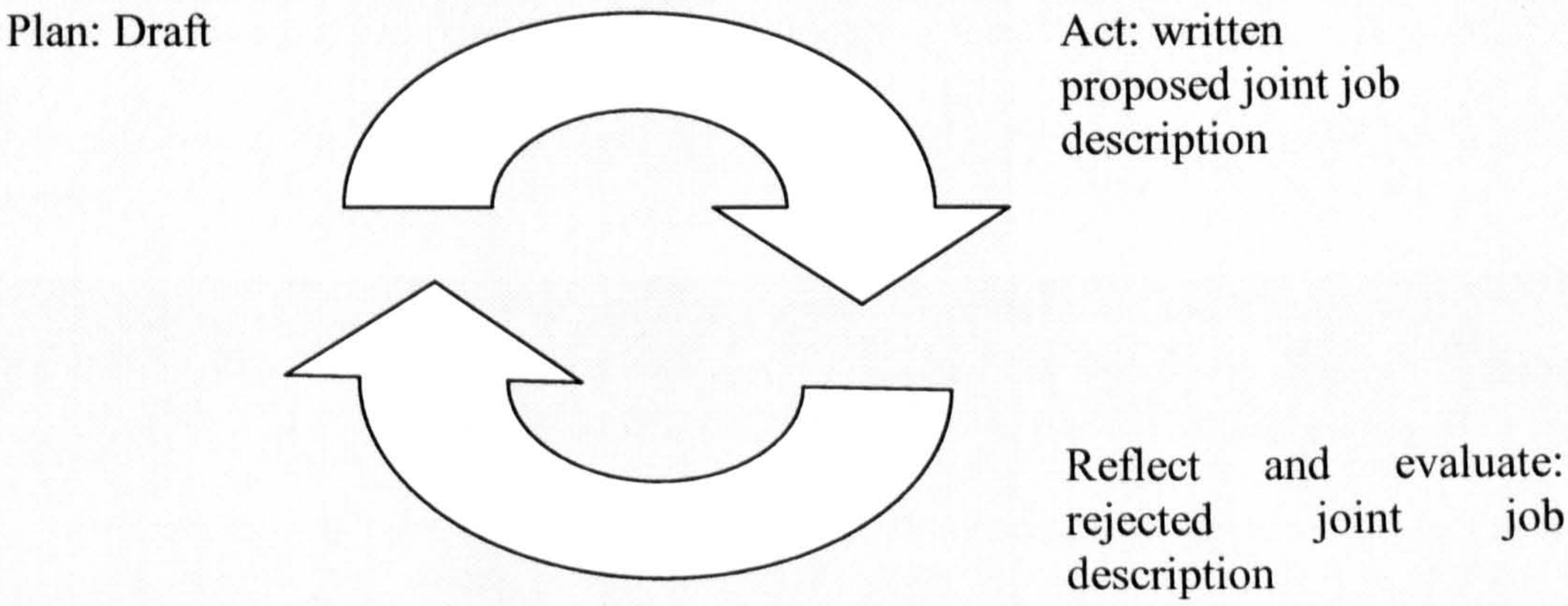

Figure 5.4: Action research spiral for joint job descriptions

A and B are 'on-board' now, and I am really keen to keep the momentum going. I would like to meet frequently, but I do understand that they have time constraints and pressures that I don't, and so I think it is acceptable to communicate by e-mail.

I'm also quite keen to get some data back from the questionnaires. I'd like to be able to show that LPs' stress and burnout was reduced by the implementation of new policies and procedures generated by the research ... I am also starting to see the potential of the FG for evaluation.
3/4/2001 GRW

The collaborative group work was starting to yield some results, and there was good cooperation. Written comments from the two LPs were helpful. B wrote in her diary:

Thoughts and feelings: Arrived stressed! Took approximately 30-40 minutes to get into the session and really start listening, but then thoughts and ideas really started to flow. Left feeling much better. A (as usual) brought in some constructive points for me to think about. She is a good support for me.
Reflection: Initially felt that I couldn't 'fit in' the meeting as time was running away with me, but I am very pleased I went. Good support.
2/4/2001. LP B

However, in a post-script to the above piece (dated 3/4/2001), she discussed her high workload, the stress and anxiety this was causing her, and how she needed to reduce her workload by dropping clinical responsibilities. She described the decision as difficult, causing a sleepless night, but noted that it brought her a sense of relief, partly because it would give her more free time for her personal life.

A wrote:

Thoughts and feelings: It still feels like an impossible task to develop the LP role whilst the two organizations clearly don't really know why they have employed LPs! I still feel that a discussion with senior School staff is required to inform the debate.
Reflection: Again very useful to meet and discuss our role. My involvement in the AR project is providing a forum for support and a sounding board for my own future development. This may be happening as my contract is due to expire next year and I am very aware of the need to consider my career pathway at this moment.
2/4/2001. LP A

The project was beginning to gain momentum, taking on a discernable 'spiral' framework'. We had a strategy, and had also developed some context-specific theoretical insight into the roles. The 'spiral' had turned, we had planned and acted, reflected and refined our original conceptions into a new focus on joint appraisal. These propositions were soon to be discussed at a meeting with all the LPs in post.

Piloting the joint appraisal documentation

LP A piloted the new documentation that I had developed as a response to the focus group findings and our discussions in the collaborative group. She arranged a joint meeting with her university and trust managers at the end of April 2001, and they used the new documentation to conduct an appraisal interview in which her job was discussed and reviewed by the trio. Initially apprehensive about the potential misunderstanding this might cause, she wrote in her personal diary:

> *Key points:* This was the first joint appraisal that I have had between the trust and the university. I had arranged it myself having been inspired by the current AR project. The date was fairly easy to arrange and both managers seemed keen to participate. The paperwork was that designed by GRW using a combination of trust and university appraisal forms as a basis. Following initial introductions I used the appraisal from, which I had already completed, to lead to discussion and appraisal
> *Thought and feelings:* My initial feelings about the appraisal were mixed, slightly anxious and excited … Both managers praised me for my work and thanked me for my efforts; this was done in such a way that I felt able to acknowledge my success, not something I always find easy!
> *Reflection:* whilst preparing for the appraisal, I found myself 'thinking' about the role of LP probably for the first time since I had taken on the role! This seemed slightly unreal, that a simple form could have made such a difference, but in fact this was the first time in two years in which I had specifically sat and thought about the role and the effects it has had on the two areas for a very long time! The appraisal itself also allowed me to discuss the role and the workloads in both areas. It was extremely useful to discuss these issues with the managers, who were able to view issues from different standpoints, and were able to make various suggestions.
> My future career pathway took most priority in the discussion; I found this extremely useful and now have some ideas and suggestions to investigate.
> 11/4/2001. LP A

With some evidence that our ideas could be successfully used, and that they could have a positive impact, we discussed the project with all the LPs in post at that time.

Lecturer practitioners' discussion group. 16/5/2001

This meeting was intended to involve all the LPs in post in the project, to inform them of our developments, and give them an opportunity to comment on, and contribute to, the work. We also believed that 'networking' time over lunch would be valuable, therapeutic and supportive. I presented the project work. A and B discussed how they planned and operationalized their support group (see appendix 3 for an outline of the structure of the group), advising others to do the same on their own sites. (A and B had decided that I would not sit in on their support group. They wanted complete freedom to discuss aspects of their roles, including the AR project and their participation in it, and I thought it very important to give them the space to do this).

I wrote this letter, summarising the day to all LPs in post:

> Thank you very much for coming to the meeting...below is a short summary of what we discussed.
>
> 1. I summarised the findings from the initial project development focus groups (the preliminary project work *Evaluating LP and CF roles at the University* is available at www.ihs.plymouth.ac.uk/~grwillia/, with a longer version of the presentation). I introduced our current work *Developing LP roles using Action Research*, and circulated a format to be used for joint appraisal by LPs, university and trust managers. This has been piloted, and found useful. It requires LPs and their managers to sit down together to discuss and review LPs' workload, and to set objectives. In the initial project development focus groups, I found that this simply didn't happen for most LPs, and it is likely to help considerably with clarity about the role, and work allocation. I'd like everyone to read through this document and give me some comments by e-mail (gwilliamson@plymouth.ac.uk), but more importantly to use it. This will involve organising for your two managers to be in the same place at the same time, and I'll be very interested to hear the results: I'm planning to conduct an evaluation with a focus group on various issues with LPs in the new academic year. I've enclosed a copy of the document for everybody. Any problems e-mail or ring me please and I'll be happy to discuss its use (01392 475150).
>
> Action: LPs to organize joint appraisal and use the draft documentation.
>
> 2. A and B discussed their support group, and circulated guidelines. This was well received, and the meeting decided that LPs should set up their own supervision/support groups based in the local sites. This will involve some work on the part of LPs to organize. In the initial project development focus groups, people talked about a pressing need for support in the LP role, and this kind of peer support is likely to be extremely valuable. You will need to 'ring-

fence' your time, and make time for yourself. A and B suggested two hours every other month. I have enclosed a list of LPs currently in post. Please let me know if you are not on the list for some reason.

Action: LPs to organize support groups in their local School sites.

3. Induction: most of you were surprised that there is no formal induction policy for LPs. As there are likely to be new appointments, I think we need to do some work on this. I had planned to talk about this at the meeting, but we ran out of time. I have enclosed a copy of the current policy, but no doubt this can be improved on, and needs some updating. Please could you read through this and give me any comments and suggestions via e-mail.

Action: LPs' comments and suggestions to GRW via e-mail please.

4. The group would like to talk to the Head of School about their roles, and several dates in July were suggested.

Action: GRW to invite Head of School to the next meeting, depending on availability. GRW to confirm dates, times and venues of next LPs' meeting and circulate to LPs.

However, the meeting was not as straightforward as this letter implies, and my reflective diary contains the following entry:

> A very good attendance at this meeting, 11 out of a possible 16 LPs turned up, and it was good to meet one or two people who I had not met before… it [became] quite a participative event.
>
> The meeting became more complicated than I had thought! … I had failed to realise how nervous the majority of LPs were about their jobs. There are rumours flying around that LPs are not having their contracts renewed across the School, and LPs had scare-stories about who said what to whom about LPs. [Their worry is that] the LP role is being 'phased out' at the expense of the practice educator (PE) role. As six of the people present have contracts coming up for renewal very soon, they were very worried about this, and this issue completely dominated the meeting. When it came to getting a discussion going about joint appraisal and induction policies, a lot of time was spent along the lines of: "Well what is the point if I'm not going to be here and there won't be any LPs anyway".
>
> The group asked me to arrange for the Head of School to speak to them about the strategy and future prospects for the LP role. I think it could be an excellent way of countering the misinformation that exists about the role (assuming that it is false information). However, thinking about it later I realised that this could be enormously problematic, not in terms of organising the event, but of the consequences. There was such animosity and hostility amongst some members in the group towards the School that [any meeting might become heated], and this might have serious consequences for individuals' futures, and for the LP role as a whole.
>
> Authors discuss the 'politics' of action research, and how the researcher is caught up with participants, [but] I really had not anticipated this … Although I genuinely do want to improve things (particularly the contractual aspects) for people in these roles, this leaves me in a tricky position. I can't *not* organize the meeting, and I certainly can't not turn up if it does go ahead … I felt quite pressurised and intimidated at one point as one person was saying: "Oh his

angle is very different, all he wants is a PhD, he doesn't care about what really happens to us"; varieties of which were repeated until I challenged the speaker and made it clear that I did want to change things for them.

From a more practical point of view, I also came away from the meeting wondering whether I was going to have any LPs left to help develop the roles of! If the strategy is to finish the role and not renew any contracts, I'm in trouble … I can't believe that the plan is to end the LP role, because so much investment has gone into these people's education, master's degrees, PGDipEd, LTHE courses and so on, all funded by the university. There are currently adverts out for at least two new posts, so what is the point of bringing in new people only for them to be redundant? Also, why would I have been funded and supported to do this project if the plan was not to have any more LPs? There is a transparent need to have clinically up-to-date people in the classroom ... I have always been of the opinion that the School can't have too many practice links.
18/5/2001 GRW

A wrote:

Thoughts and feelings: My first feelings when meeting the LPs were ones of instant closeness and trust. We all shared the same problems but also had the same drive and enthusiasm for our subject areas and for the role of LP. This feeling was tangible for me straight away.
As the meeting progressed and those present shared some of their concerns re: their futures in the School, I started to feel decidedly uneasy. I am not normally a paranoid person but listening to the group's comments and thinking about these in the context of my own personal experience, I started to think "Am I really valued as an LP?" and "Do I actually have any future?"
At this stage I started to feel a little angry and deflated. Following my recent appraisal I had planned to spend six months reviewing my career pathway, "Was there any point?" I started to question. "Why not just leave and go back into practice where you know what's going on!"
Reflection: The meeting was extremely useful. I have now had time to reflect and realise that many of the comments and experiences shared are obviously one-sided and that it would be impossible to ascertain how the School views the future of LPs from these comments alone. For this reason I am pleased that the group has decided to ask Head of School to meet with us and discuss the future strategic direction of LPs. I have been able to rebalance my thoughts and have recovered from my bout of paranoia! I do believe that I am valued as an LP by my clinical colleagues, students and School staff. Recent module evaluations and English National Board (ENB) reviews demonstrate, objectively, that I am making a difference.
16/5/2001. LP A

B wrote:

Thought and feelings: Really great to meet up. Concerned over other people's anxiety with their job instability. I'm feeling totally exhausted so possibly not as motivated as I might be: however, I felt very pleased to have gone to the meeting to hear the good points and not so good points from others. I am

> concerned about my future career. Frustrated at my lack of ability to plan for the end of the year until I know whether my contract will be renewed.
> *Reflection:* Good to know others share the frustrations but good to know that we can understand each other and support each other… Everything feels very insecure.
> 16/5/2001. LP B

Thus, A, B and I shared similar initial reactions, but the two LPs were less concerned with the hostile aspects of the meeting, focusing instead on the potential benefits of the occasion to 'network' with other LPs. The diary entries also reveal a sense of commitment to the project and to the work we had already completed, but also illustrate an unexpected political dimension: the idealistic commitment to 'change' meeting the reality of organizational life for LPs. Hostility from some in the meeting was uncomfortable, and it gave me a sense of exposure, and being 'caught in the middle'. We realised that change through AR in organizations is intensely political, and that this has an ethical dimension that we had previously not considered, particularly concerning the protection from harm, right to withdrawal, and informed consent of those on the collaborative group. All three of us were closely identified with the project, but the two LPs seemed more exposed than I, as they held temporary contracts.

I considered these issues in more detail in a further reflective diary entry, following a PhD supervision meeting (19/6/2001):

> I really didn't like the way in which speakers could be identified from the issues I mentioned, and it put me in quite a quandary, making me think seriously about [issues]…it does bring sharply into focus the politics and ethics of AR, and the difficult position the researcher is in. Who am I doing this for? Is it for the LPs, in which case I could be breaking confidences by discussing these issues publicly (although I really didn't name any names and only referred to issues quite broadly, they knew exactly what I was talking about). [If punitive action were taken against LPs], this would break the trust that I need to be able to function in this capacity, and would be a disaster because then no-one would want to disclose any information in the focus groups that I need to do to generate evaluative data and suggestions for the future.
>
> So am I a spy, tacitly informing on an already vulnerable group of people, some of whom are even more vulnerable? This is the dilemma I am in at present. There is no question of me pulling out of this, and in a sense I am sure that there is, in fact, no avoiding these issues. I think I am experiencing

> unavoidable conflicts of interest in AR, where real people and their lives are inextricably bound up in the study.
>
> Am I, then, serving myself alone? Furthering my career with a PhD? This is important … but not to the extent of deliberately harming other people for personal gain … It's getting complicated!
> 19/6/2001. GRW

The meeting with the whole group of LPs was challenging for my thinking about AR, and I came away from it with a sense of hostility from some LPs towards the organization and so, to an extent, did my colleagues in the collaborative group. This was not something that had emerged from the initial project development focus groups. On reflection and discussion with A and B, we decided that this element of the meeting was not universal, but largely confined to one or two individuals. Even so, I was unclear about the consequences of the proposed meeting between the LPs and Head of School, as the politics of the situation might provoke an emotional response amongst some individuals, with unintended consequences. I sought advice from my doctoral supervisor, and after some useful discussion, she agreed to chair the meeting, and to keep 'order', if necessary.

Lecturer practitioners' collaborative group meeting 3. 7/6/2001

In the meantime, the collaborative group met to discuss progress and begin work on a new induction package and materials for LPs. However, B was off sick and unable to attend. She did not to return to the project. In my reflective diary, I noted the following:

> A made some excellent reflections about the 16 May 2001 meeting. She felt that there were a number of issues or group processes going on that I had missed. She felt that had I not been there with an agenda, there would have been a certain amount of 'working through of the angst' of the LPs, who would then have 'emerged' in a more positive frame of mind … A said that she felt very undermined and set back by the meeting, because she felt that she had actually worked through these feelings of insecurity regarding her role, and although I haven't had a chance to speak to B about it, perhaps she feels the same.
>
> A also talked about gender and role issues in the meeting. I wasn't sure what she was really getting at. I don't think that the fact that I was the only man in the room, and the only SL, had a huge impact, [although perhaps] I could be more gender-sensitive in meetings like this where everyone else is female.

What A actually said is that she felt a bit like: "Here was a group of women with a problem or a task to perform, and they dumped it on the token man to fix up". I didn't really feel that way, but it does raise a gender issue, which otherwise I would have overlooked.

One thing that A raised that I really valued was that she and B both felt that I supported them well. I think they had discussed this in clinical supervision … I think the support element is extremely important. I hope it will be one of positive areas in this project. I'm sure that LPs should set this up in their local sites. I think they will all be persuaded of the potential benefits, but the problem is getting them to actually do it. I can suggest and recommend, but I can't do it for them and I certainly am not going to 'police' it! I think this again comes back to the nature of AR: if it is to be really collaborative, then people have to be allowed to make mistakes, and not to take part if this is what they desire.
7/6/2001. GRW

A short time later, the LPs met with the Head of School. She had been briefed by my doctoral supervisor about the extreme emotions witnessed amongst some LPs, and had written to them in advance to reassure them that the organization valued the role.

Lecturer practitioners' meeting with the Head of School. 16/7/2001

The abbreviated minutes that I circulated outline the key areas of discussion:

Agenda items
1. LPs' contractual position
2. LPs' equal opportunities position relative to senior lecturers
3. LPs' career pathways and clinical/academic career structures

In addition, the idea of an LP study day was discussed.

1. *Contracts:* The key issues were identified as the contracts' temporary nature, and their renewal. Current contracting arrangements, particularly the post-registration contract, influence LPs' contractual position. Current School arrangements for seconding LPs from local trusts give LPs a secure NHS base to return to when their LP roles come to an end, preserving their NHS pension and employment rights. It was acknowledged that there may be some confusion regarding contracts' renewal, as some LPs have had their contracts renewed, and others not. It was agreed that LPs should get one year's notice when their roles are coming to an end as a result of changes to the current contract, with clearer arrangements for rolling-over contracts.

   Later in the meeting, the subject of contracts re-emerged. The Head of School said that it should be possible to give LPs minimum contract lengths of three years, provided that LPs were ready to take on areas of teaching other than their own specialist areas (for example pre-registration work). LPs emphasised their knowledge and links to specialist areas of practice. The Head of School went on to outline how the posts should be clearly seen as short term with fixed contracts, but this was disputed by some LPs, who argued that this means that the expertise, skills and contacts LPs have built over the years will be wasted if

they are not allowed to carry on in post. The Head of School said that a better picture should be available after the next major contract review.

2. *Equal opportunities:* The Head of School mentioned that if appointed at interview, university equal opportunities policy meant that LPs could roll-over their contracts for two years maximum (unless there was poor performance) before posts needed re-advertising.

   It was stated that there was an apparent lack of understanding between the university and trusts about the content of LP roles ... The Head of School supported the idea of joint appraisal. LPs were reminded that they should organize this for themselves.

3. *Career pathways and the clinical/academic career*: The Head of School outlined three possible career pathways for LPs. These were:
   a. From a substantive clinical post, into an LP post; return to clinical post at the same level
   b. From a substantive clinical post, into an LP post; move into a university lecturing post
   c. From a substantive clinical post, into an LP post; return to a clinical career with progression (perhaps to a nurse consultant role)

   LP roles give post-holders considerable transferable skills, and make them attractive to NHS trusts.

4. *LP study day*: The idea of having two 'study days' for LPs was raised by the Head of School. The first could take the theme of clarifying the roles for university and trusts, and might involve speakers from trusts outlining their ideas.

5. The meeting ended with the Head of School summarising the key areas of agreement discussed at the meeting:
   - A desirable standard for LPs would be a three year contract, with a minimum one year's notice
   - LPs aspire to be at the 'cutting edge' of practice and should continue to do so
   - LP roles involve the development of transferable skills

A direct question was asked concerning the future of LP roles at the School: they hold an important place to play in the long-term future of nurse education, as natural retirements mean alterations to the way students are taught and supported, and the ways in which SL are research active.

Summary of action

- Head of School to set up 'early warning system' to alert LPs to their contracts ending, and/or discuss renewal
- AR group to discuss LP study days and put forward in writing a plan for the first one to Head of School, who will take the proposal to the Workforce Development Confederation

In my reflective diary, I noted:

> This meeting was potentially problematic, as the LPs' anger and resentment might have surfaced in a negative and destructive manner. However, following a briefing on the emotions experienced by some LPs, the Head of School had sent out a letter assuring them that LPs were part of the future strategy of the School, and I think that this helped enormously in re-assuring LPs and

offsetting the potential anger.

I came away with some mixed feelings: regarding my role [the meeting] underlined the ambivalence of the roles experienced in AR. Am I a [researcher or a participant? and as] a SL, therefore in a more powerful position than the LPs? If I have no more power in these situations than them, do they perceive my position to be different, and my status different? Do they interpret requests for information as an intrusion, potentially about checking up on them? These are some of the dilemmas that Coghlan and Brannick (2001) talk about. This book is making increasing sense to me as this project goes on. I am currently feeling a bit trapped between two parties.
18/7/2001. GRW

A made the following comments in her diary:

Thoughts and feelings: Initially anxious, as the last time the LPs had gathered, feelings were running high and personal issues were very prominent. I was anxious that this might be repeated and felt sure that this would not be productive. I soon relaxed as I realised that those present appeared to be taking a professional rather than a personal approach to the meeting … we were able to communicate effectively.
Reflection: I was generally pleased with the meeting. It was reassuring to hear that the role of the LP was valued and not about to be axed. It was useful to 'understand' the School's difficulties regarding funding and contracts … I suppose we were being helped to see the wider issues involved in the development of the LP [role].
16/7/2001. LP A

For A, then, there had been a positive aspect to the meeting. She and other LPs had been made aware of the wider context of their roles, and the institutional pressures and limitations on their contractual status. There was also a commitment to LP roles, and to links with practice, and this was an important message for LPs to hear in such uncertain times.

This meeting also provoked a re-think of the project management arrangements of the work. The Head of School realised that changes might be necessary to LPs' employment status, and she was keen for the project SG to have sufficient authority to implement these. In order to achieve this, a new member was co-opted to the group, the Deputy Head of

School and Director of Post Qualifying Programmes at the School (E). This e-mail extract outlines the Head of School's thinking on the issue:

> >LECTURER PRACTITIONER RESEARCH BEING CONDUCTED BY GRAHAM
> >R WILLIAMSON
> >
> >I have had an opportunity to think about this work and in particular the School >management responsibility associated with what is obviously an extremely >important and exciting piece of research.
> >
> >To date, there has obviously been an extremely good SG structure for the >research management. My concern is that as the action research develops, >there may need to be further changes to the nature and responsibilities of LPs' >roles, their contracts and opportunities in terms of career pathways ... If the SG >is to have such authority, it would certainly need at least one senior >representative of the School in addition to the current membership. My obvious >feeling is that E, the Deputy Head, Post-Qualifying Programmes, would be >appropriate to make decisions in relation to LP development as these staff >predominantly teach on post-registration programmes.
> >
> >The AR approach being taken [and] the extent of non-participant observation >from the researchers [currently limits the] authority that those researchers have >for change in the future.

Although initially sceptical about the impact that this development had for the project, we realised that this was important, showing a commitment to change by the organization. Having E on the SG showed that our work was considered valuable, ensuring communication channels between our group and decision-makers and committees in the School. We held a SG meeting soon afterwards, where these changes were discussed, as were the LP Study Days (LPSDs).

Steering Group meeting 2. 25/9/2001

Our progress was outlined. The first LPSD was planned in some detail, and discussed as a vehicle for canvassing opinion in the local trusts about LPs, and clarifying how we could strengthen the roles. My reflective diary shows a new perspective to that previously experienced about the political aspects of the project. I had become more focused on organising the LPSD, and using this as a vehicle to achieve change. I was less concerned about the political aspects of the work, because the new management arrangements seemed unobtrusive, positive and helpful for the project. However, E suddenly left her post. The

newly appointed Head of Department for Adult Nursing, D, took her place. We met as a SG again soon after.

Steering Group meeting 3. 5/11/2001

My reflective diary records an unproblematic meeting, which introduced the project and our progress to another senior person. D's co-option onto the project was to be extremely useful, as she helped to secure funding for the LPSD.

The LPSD occupied a great deal of my time organising speakers and inviting participants. In the meantime, we conducted an evaluative focus group with LPs. The intention was to obtain data on how the project outcomes materials were being used, to discover if any significant work needed to be done on these policies and documents, and to gain some indication of future directions.

Lecturer practitioners' evaluative focus group. 28/11/2001

An opening trigger question 'Tell us a bit about what it is like being an LP in this organization', was used as a warm-up. I then moved onto discuss particular aspects of the study (see table 4.3).

This FG produced two outcomes: first, regarding the findings from the focus groups in the preliminary planning phase of the project (see figure 5.1), and second, aspects relating to the AR study strategy were uncovered.

Data regarding aspects of the preliminary planning focus groups' findings

The most significant theme reinforced by this FG concerned 'role conflict' for LPs. Participants expressed clearly their conflicting demands, and that the education and service

halves of the role had very different expectations and requirements, reflecting differing organizational cultures:

> GRW: Just tells us a little bit about your experiences of being LPs in this organization.
> P3: I think from my point of view it's a very confusing role, I get very confused about the expectation from the service side, what my managers want from me because I'm fully funded by the trust and not partly by the university/
> P4: /Umm, right
> P3: And I feel a terrific pull, because I don't do an awful lot of work in the university; I do within our own trust, but not within the university and I feel that some people in the university are looking for me certainly to do a lot more, but my managers are saying, "Oh no no no, you've got a link with the university and that's that".
> P4: Oh right
> P3: I'd very little teaching in the university. I did a bit recently, but that's specific courses, just dipping in, and that's for that very reason … I sort of get the looks and the meaning between the lines, you should be doing more here. Nobody's actually said that to be honest, but that's my interpretation. LPFG5

Later:

> P2: So do you work in clinical practice as well?
> P4: Yes
> P2: So what weighting does each part of your role have?
> P4: As much as I can for either! It should be 50/50, um, but it's split in that in the community role it's quite difficult: "I can't see you then, I can only see you then".
> P2: So you've got a caseload, and you're responsible for teaching
> P3: Yes, of our own staff in the trust, and the university/
> P2: /Post-registration
> P3: Yes, and I've also been asked to do some pre-registration, which again causes a bit of conflict with my manager. I don't mind, but my managers do, and they pay my wages. LPFG5

Role overload was described by one participant as meaning the job seemed like being an 'elastic lady' (P3), constantly pulled in different directions. This comment met with general agreement from FG participants.

Lack of role clarity extended to confusion over LPs' job titles and job descriptions. It was a significant problem in the early months of the appointment, when LPs struggled to come to terms with how they should operationalize their ideas in an unfamiliar university structure. They were anxious about their performance in the early months, requiring guidance,

feedback and supervision. This anxiety decreased with time in post, but was compounded by the lack of university induction.

Poor or absent induction was a finding in the initial project planning focus groups, and despite updating and circulating notes on LPs induction, the strategy was still ineffective. Here, further understanding of the problems caused by ineffective induction was gained, as LPs were critical of the lack of staff development available in the university:

> P3: What I would like to make me feel more competent, confident, part of the university is, we have regular teaching in clinical practice, you know our own clinical teaching, our own upgrading of practice ... To me there seems to be nothing in the university, there's nobody saying, would you like to know about ... well, the issues are endless, but I've never really seen anything advertised specifically for teaching staff, certainly at our level, as a part-time, because as it's been said right the way round, we, I think the problems are accentuated when you are part-time, and I think if there was almost like a rolling programme of education for the educationalists ...
> GRW: Is there anything else we could do then as a School to try and overcome these problems?
> P1: I think what we've agreed is induction, some kind of mentor/peer support/clinical supervision, and I think more clarity over the contract. LPFG5

Similar ideas were expressed by others, and although the university does widely publicise its staff development programmes, that some LPs miss out on these events is a failing of the induction strategy to allow the LP to access existing university staff development opportunities. However, those who had attended the LTHE modules countered this criticism by saying that the course was helpful in overcoming the bewilderment they experienced in the early months of their post.

The confusions and conflicts surrounding their role contributed to LPs' sense of being undervalued in their university work. They discussed how the future seemed unclear for them, marked by considerable insecurity over their contracts of employment for their LPs posts. They remarked on the decreasing numbers of LPs in post, despite a sense that the role was part of the future staffing requirements:

P5: ...I might [now] have a job in April, because that was <u>really</u> getting me down, thinking I'll be cleaning the toilets in [local town] in April, because I didn't have a job, but you know, now I feel a lot more confident ... Now I actually feel I may be able to pay my half of the mortgage after April. There is a big issue for us in terms of our contracts, and this constant worry: "Will we have contracts?" people being rolled over a year at a time,
P6: Very unsettling
P4: Well that's why I think my bottom line is it's a dead end job, because I don't want to go into lecturing, I like to do my clinical bit, so to me they just say, "Oh well, no" because I was told last year that short term contracts don't get renewed. LPFG5

The lack of an apparent strategy was very unsettling for LPs, and was reflected in unclear decision-making about LP roles:

> P1: It depends on who you talk to, if your contract comes up ... I mean [agreement], there's no, personnel and recruitment issues, I mean it's just appalling
> GRW: So a management structure for LPs [is required]?
> [general disagreement]
> P1: No I don't think it should be any different because I don't think we should be any different, but I think that it would be nice if ... somehow [the university] could get a handle on where they're going in the future, and if it isn't for LPs, then that's fine, but at the moment ... the strategy doesn't seem to come down [or get] implement[ed].
> P4: /There's no action/
> P1: /Since that meeting [with the Head of School] three people have gone.
> P4: There doesn't seem to be any strategy/
> P5: /Strategy/
> P6: /Strategy that people are working to, which is discussed but then doesn't happen. LPFG5

Later:

> P6: Well what's going on [with LPs' jobs?]/
> P1: /Nobody knows what the left arm's doing, or the right arm ... it's all in the ether, it just seems, it doesn't trickle down [agreement]
> P6: I don't understand what happens at that level, 'cos you have good supportive subject teams, and/
> P1: /If I managed like that [in the trust] it would be mayhem. LPFG5

This was linked with a perceived lack of leadership in the university, which was unfavourably contrasted with the position in the trusts:

> P6: There needs to be leadership, and management, again. The more I look at the university, I think that is actually what is lacking, and maybe when we come in from the trust that's what we see, because we've actually all come in from leadership and management responsibilities, [agreement] and that's becoming more

and more clear to me; that's what's desperately missing in the university, 'cos there isn't any leadership and there isn't any management, to actually build a team, and to manage situations. LPFG5

Again, later:

P6: I often get this that "You're very autonomous, and that's the way we work here", it's autonomous [laughter], but there is actually a big difference between autonomy and no management.
P5: It's a euphemism isn't it: "Out on a limb".
P6: I don't feel that in this part of the job I'm, unmanaged [agreement], and I don't want somebody breathing down my neck, but I'd like to feel that I was ... managed, really. LPFG5

This finding contrasts with views expressed in the project planning focus groups, where autonomy was valued as a key aspect in managing LPs' workloads, and flexibility allowed LPs to 'juggle' the different requirements in the two halves of the role when differing demands occurred because of the natural ebb and flow of the workloads in two different settings.

LPs were also critical of the existing university management structure, which contributed to the sense of a lacking leadership. They believed that decision-making was frequently unclear, and they were confused about who had responsibility for overseeing their work because of the overlapping managerial roles:

P5: I don't know who my manager is at the university
P6: No I haven't/
P1: /You've technically got adult or whatever the speciality; you've got the different co-ordinators, you've got whoever is the senior person on-site ... you've got all of those people, and that is the level I don't think is necessarily talked about. LPFG5

This was a significant barrier to review and appraisal of LPs' roles.

One LP consistently disagreed with comments from the others. This evidence serves to highlight rather than discredit the dialogue from other LPs, and frequently acted as a catalyst for further interaction and new ideas in the group:

P2: I must say I don't feel like a second-class citizen. I feel that in my role, I put equal amounts of time into both roles, although not consistently over the year. At the moment I'm more involved with the university 'cos I've got two modules that I have been teaching, and I have to say I do feel valued both by the university and by my practice area.
GRW: So what is it that they both do that makes you feel like that?
P2: I think a lot of it is down to [university team manager], who supports me a great deal, and she also has good lines of communication into the trust with my senior manager, but my senior manager in the trust is also very supportive of the role, I think that as I was the first LP that she had employed, she feels quite, not proud exactly, but as though she has got some ownership of the role, and I think that helps…
P5: The students definitely put a lot of credibility on the role
P2: And maybe because there are small amounts of students, because we have got nine students, from [cohort named], so I have worked very closely with them both in practice and in the classroom, and I feel it works very well, so I feel fairly satisfied with my job, I have to say.
P6: Pre-registration?
P2: Pre-reg. yes. So I'm quite happy really
P5: I think that might be one of the keys to it, because I had the opposite experience, although I have to say I love the job… I was really impressed about what you said about your manager has links with the university here, and I don't think there's that link at all/
P4: /That's the exception/…
P2: That's why I'm sure a lot of my satisfaction with my job is down to [university team manager], I have to say [agreement], because she's been very very supportive, and she's also done the role herself/
P4: /She has done the role, yes/
P5: /So she has that insider's insight. I think the support is crucial. LPFG5

LPs were keen to reinforce certain more positive aspects of their role, and these were similar to those found in the project planning FGs. For example, they were keen to highlight how much they enjoyed the role, and how there were important developmental aspects and new opportunities involved:

P3: To re-iterate, there are positive aspects of the role/
P5: /Lots of positives, I was just going to say about that=
P3: =We've talked about the negatives, and things that we, which I guess is what AR is all about=
P5: That's what GRW wants to hear about, mainly
P3: But it is important to perhaps end on there are lots of positives/
P5: /Some fantastic students/
P3: /In this job
P5: You know, some of them are absolutely brilliant, and that's where I get my feedback from, if it wasn't for students I'd have chucked it in ages ago. You get the odd one or two that are a bit more difficult, but you know, such thanks from them and such rewards, and I just think yeah it's brilliant, and it's the job that hopefully will be the stepping stone into something in the future. I couldn't have got into [my

own] research without the LP job, so I have a lot of positive things to say about it as well, yeah definitely. LPFG5

Aspects of the action research project strategy

Three aspects of the AR project strategy were discussed, and these reflect direct questioning by me during the FG. Firstly, regarding support: informal support was mentioned as being helpful, in that LPs had contacts they could approach if necessary. Support groups were now established in at least two of the four School sites, and were described as useful by LPs. There was general agreement that LPs were the right people to organize this for themselves, rather than having structures imposed from above. However, the following exchange illustrates that there was work to be done by the organization to facilitate this support. LPs needed 'permission' to take time-out for themselves:

> GRW: One the things we thought would be useful in the project would be some sort of peer support on the sites. Has anybody got that going in the local sites?
> P5: We have.
> P3: But again it's on an informal basis, it's in the staff canteen, but it's good ... [in]formal, we sort of say, well I had this situation last week, and talk about, not specific students, but student issues and things. [We] have actually got, well fairly close supervision, but it's off our own bat, and I find that normally it's in clinical time/
> P5: /Yeah me too/
> P3: ... Sometimes difficult isn't it, but it's well worth it/
> P4: /Can I join/
> P3: /And I would say if there's something formal set up, it's a well worth while exercise, and we've benefited great[ly], well I certainly have/
> P5: /I have/
> P3: /Because I can only speak for myself, I've benefited a great deal from it...
> P1: ... We've got one which has been working, up and running now for as long as I've been here really hasn't it, um, and if it's part of your induction ... to be introduced to the key players that can invite you, so that you are valuing, and you're saying that this is something that is there for you if you need it...
> P1: We tend to go [off-site]/
> P4: Oh yes!=
> P1: =So, you need somewhere quiet don't you [more overlapping comments and agreement] so we always do that ... I mean I tend to use it for work as well, 'cos ... it's all one job to me, whether you work for the trust, or here, so ... it's about role rather than university come trust, I mean that's how we divide it, don't we.
> P3: I think it should take on the mantle of clinical supervision, certainly in the trust I work for clinical supervision is seen as protected time. It's seen as <u>vital</u> to work, it's seen as something that you really must do ... it would be useful for the university to put that ethos into practice, and leave it up to individuals to sort of say "Look I need a bit of help".

GRW: So who would be best people to organize that?
P6: I think the only people to make it happen are going to be the LPs themselves, but that said, people need to be introduced, so, it goes back to the formal induction
...
P3: It needs to be seen as part of working practice, rather than centrally imposed.
P6: It also needs to be taken into account with regard to your workload. LPFG5

Second, there was support from LPs for the concept of joint appraisal. One or two had piloted the documentation, and others were planning to organize a joint appraisal for themselves in the near future. It was accepted that a tripartite meeting between LPs, university and trusts managers would be beneficial, with little disagreement with this idea:

P5: Having an IPR, or something, an appraisal would be quite nice really/
P4: /would help/
P6: I have
P5: Do you
P6: I have had an IPR, but that seems to be a one off, well there's your IPR, and off you go now because you're autonomous now for the next 12 months.
P4: I thought you had a joint one
P6: Yes I did have a joint one this year. That worked well, but now again it's a very sort of stand-alone, there's your IPR, and we met, then off you go ... the person who is involved is actually very involved with [another participant's] subject speciality as well, so they go into the practice area with you, they have got all those contacts, whereas ... [my appraisal] feels almost like a paper exercise. LPFG5

Some scepticism concerning the effectiveness of appraisal strategies in the university and trusts was expressed, particularly whether the university appraiser was the appropriate person to conduct the appraisal; for example, when the LP's university manager was not their line manager, or involved in their subject area, and so did not understand their work and its demands. Organising the joint appraisal was seen as a responsibility that the LP should undertake, because they could co-ordinate the managers effectively, with the organizations taking responsibility for encouraging and supporting appraisal:

P3: [My trust is] really hot on it. We've had almost like a joint appraisal with my [trust] manager, myself, [and the university manager] was there, and we were just talking about issues, it wasn't really an appraisal, we were just talking about issues, but it was actually very useful, and I think that model could be quite useful... we just talked about expectations from both sides ... the penny dropped with me that there was understanding that there are two sides here ... I was sort of in the middle saying, "Well yeah, this is where I'm getting pulled" ... so it was very very useful...
GRW: what does anybody else think?

P1: I need an appraisal … half of me thinks it's a really good idea … because I think it's demonstrating that you actually don't just have the workload that you're setting me in my objectives, but I also agree that I do look at it as two separate jobs, and I think my ideal concept of an LP is that you are, your other half of your job isn't doing the job, it's actually supporting practice…
GRW: How could we make that process happen so that you're not chasing it? Is there a way?
P5: To get three people together, you know, you're the key person, and it is a case of chasing … I'd agree with you, I think in this situation, although there has to be the ground set for both managers in the trusts and the university that: "Yes you must do appraisals", but then to get the date together and everything, I think it is the LPs job, it is the person's responsibility, 'cos putting the three diaries together is difficult. LPFG5

Thirdly, induction was discussed. Mentoring and introductions to LPs' key working relationships were mentioned, so that an experienced LP could help a novice to acclimatise to the university aspects of their new role. There was also a need to introduce LPs to key documents, and gain early attendance on the LTHE course.

Based on the data from the evaluative focus group, we constructed the following summary of the development work in AR spirals, and these illustrate that on-going project work had led to developments in these three areas:

1. Support: FG participants discussed 'support' as essential, and were positive about the clinical supervision-type groups now available.

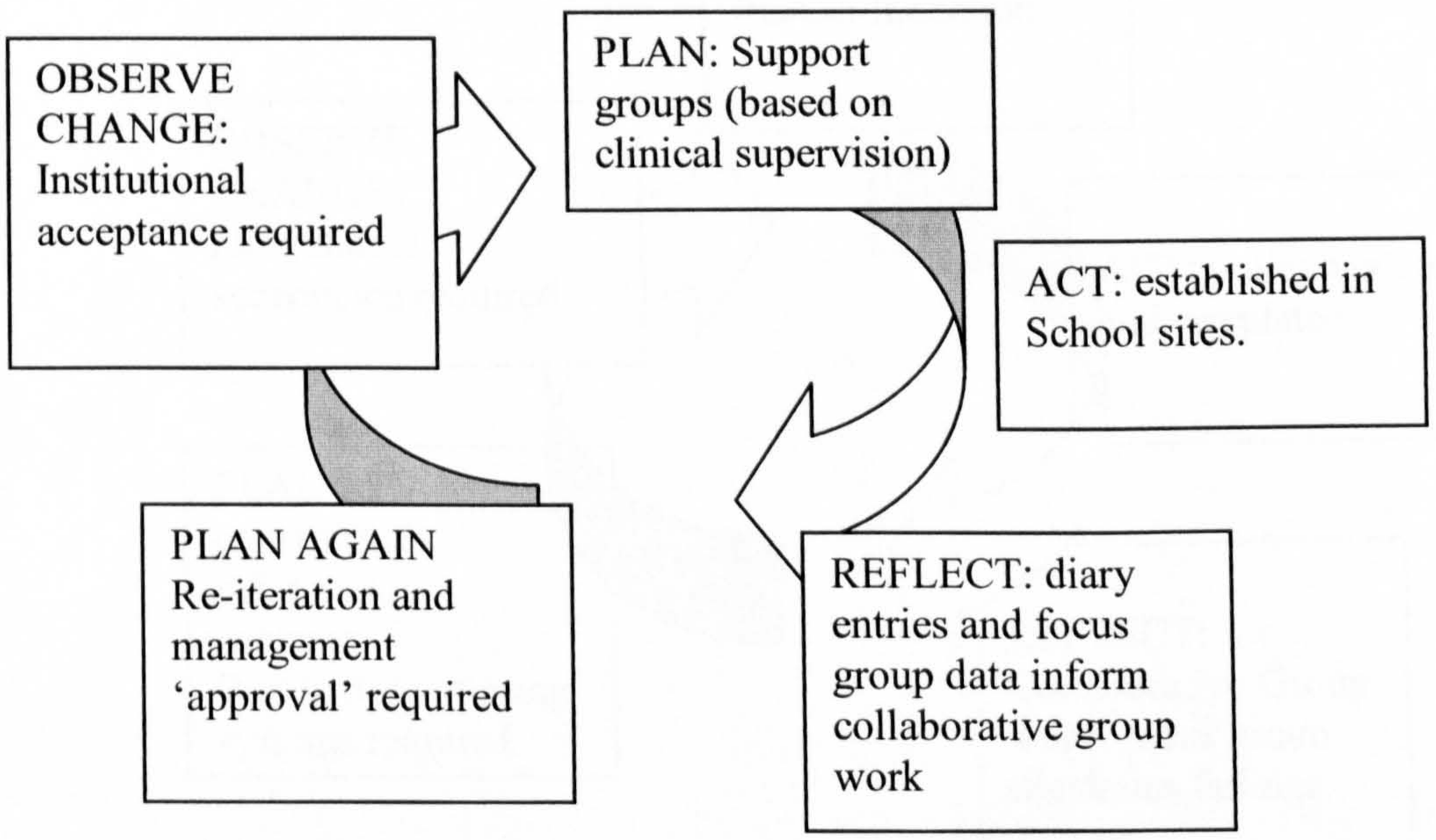

Figure 5.5: Support spiral

2. Joint Appraisal: FG participants were very supportive. It is likely that the new Departmental system will help to ensure the appropriate university manager is also the appraiser.

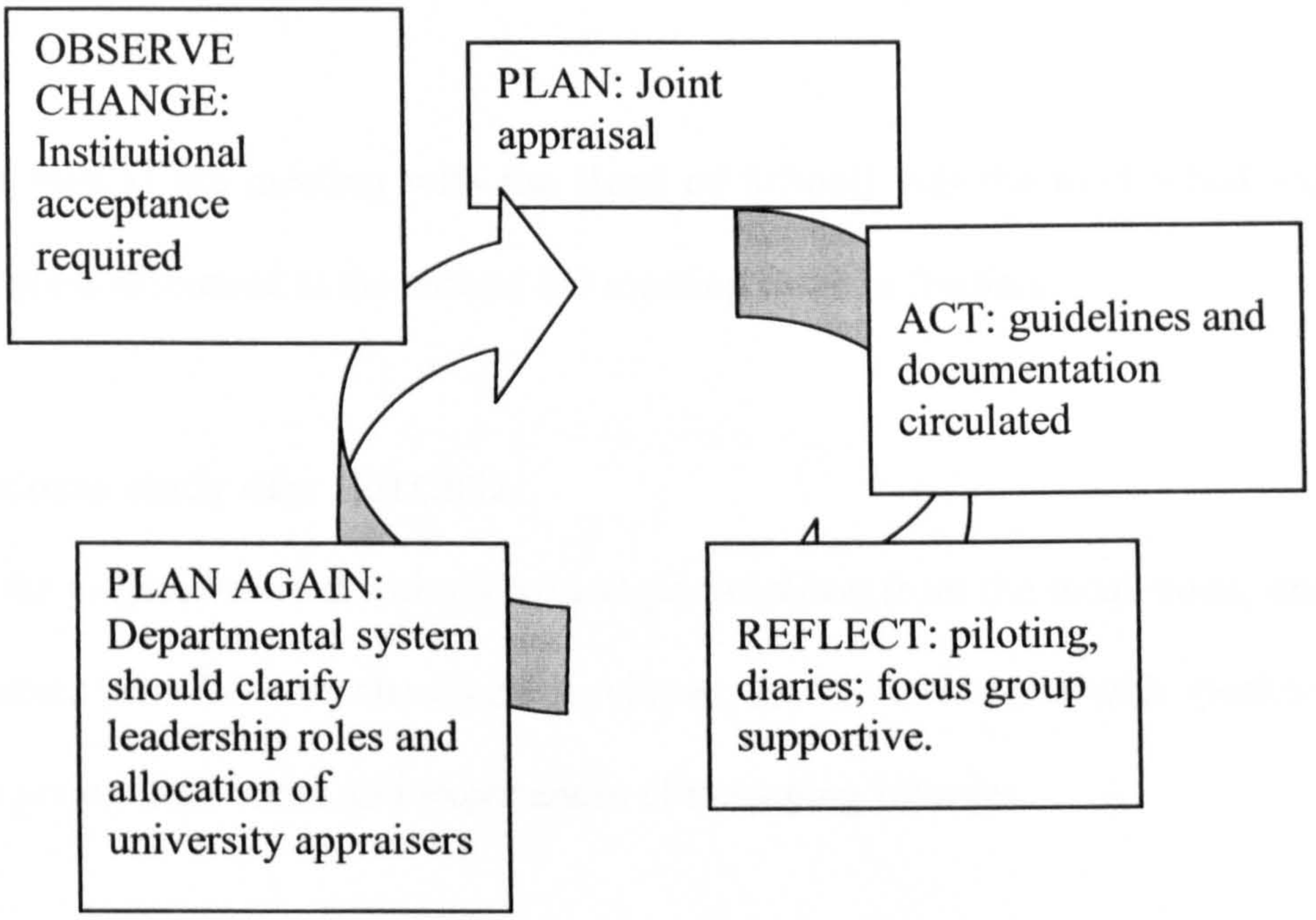

Figure 5.6: Joint appraisal spiral

3. Induction: In the initial phases of the project, we had not prioritised this aspect of the work, but this FG indicated that work was required. A structured information package is required, institutional acceptance, and leadership from Heads of Departments.

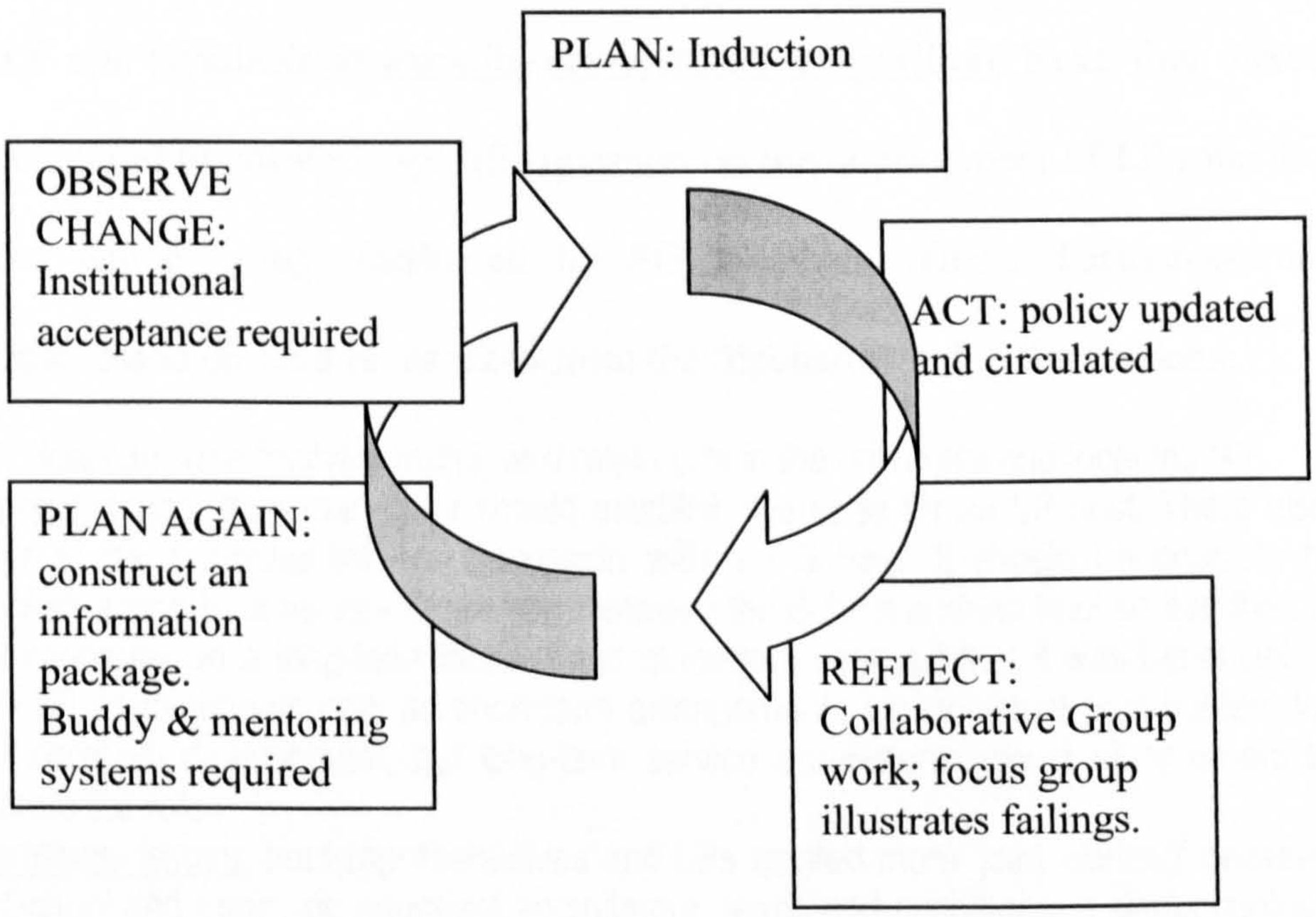

Figure 5.7: Induction spiral

The evaluative FG informed our ideas about the direction that the project work was taking. It indicated that our actions as a collaborative group were effective for LPs' support groups and for a joint appraisal strategy, but that we still had work to do regarding induction.

The LPSD (discussed at the meeting with the Head of School) was the next scheduled event, where the plans discussed at the second SG meeting came to fruition.

Lecturer practitioner study day. 18/1/2002

In order to take the project forward with the widest participation from the local trusts, and to canvas ideas about how LP roles should be developed, the LPSD was run with speakers from local trusts giving their views and experiences of managing LP roles.

Four groups of participants were invited: LPs seconded to the School, trust nurse managers currently employing LPs, local trust executive-level nurses, and School Heads of Departments. Including full-time School employees and management, 55 people were invited to attend, and 35 did so. I outlined the project's purpose and progress at the beginning of the day, followed by presentations from the local trust representatives on aspects of the LP role (available at www.ihs.plymouth.ac.uk/~grwillia). Next, four mixed groups were each asked to answer a specific question on the development of LP roles for feedback to the whole group, facilitated by SG members. These discussions are summarised below, based on field notes taken from the flipcharts used in the sessions:

Group 1: How can we effectively recruit and retain LPs in the university and local trusts?

1. Strategic issues: trust managers should establish the need for an LP post. There also needs to be a mechanism for discussion with the School. It should be possible to establish a long-term service agreement between the School and the trust so that the LP post continues on a long-term basis. Trust managers believed that it was beneficial to have LP appointments only as short-term arrangements for individual post-holders for their personal development, but long-term service agreements would allow others to continue the role.
2. Operational issues: trust representatives and LPs wanted more 'joint working' between the School and trusts, on appraisal, recruitment, terms and conditions, a single contract for LPs, and a coherent pay structure.

3. Support and career development: the LP role should be part of the post-holder's 'personal career journey', rather than as a fixed point. All sides should demonstrate they valued the person and the role.

Group 2: How can we effectively support LPs in the university and local trusts?
A 'shared vision', meaning a joint strategic understanding of the role, was seen as essential. The School and the trust should agree that the role was necessary, and be involved in all aspects of the post's establishment. Discussions took place around the need for a common core job description, contracts, personal development plans, and terms and conditions. The group also posed two questions. First, should the LP role be considered for all education roles? Second, should the name be changed to overcome the current proliferation of roles and titles?

Group 3: How can we offer effective staff development to LPs in the university and local trusts?
Joint decision-making was again the key theme in this group's discussions, including the post's structure, roles and responsibilities, and staff development opportunities. There should be equity of opportunity amongst LPs when it comes to staff development, and this should rest on shared contracts and shared ownership of the roles. Other important areas were communication between School and the trusts, effective induction and orientation (with packages tailored to LPs), and that staff development should be personal, professional, and individualised (with educational opportunities and career planning).

Group 4: How can we offer effective joint appraisal to LPs in the university and local trusts?
Joint appraisal was highlighted as an inadequate term, and the terms personal development planning (PDP) or individual performance review (IPR) were favoured. The LP's performance should be measured against aims set when the LP role was originally planned in a joint, tripartite meeting. These could be used to review the LP's workload, using joint paperwork. This could be reviewed after six months, with a further joint meeting to measure progress at one year.
Discussion also took place on the need for joint work to be done pre-appointment on job descriptions, the aims of the post, the length of the post and the arrangements for replacing the initial post-holder, the terms and conditions, and how the post is to be managed. There should also be joint discussion between the Workforce Development Confederation and the School and trusts about the financial and personnel aspects of the role.

Summary. The group discussions indicated a need for more 'joint working' between the School, LPs and trusts to effectively manage all aspects of LPs' roles. Several ideas were put forward in addition to LP roles as offering a way forward for creating and sustaining effective links between the School and local trusts. These were:

- Widening the current partnership arrangements
- The introduction of clinical lecturers with honorary School contracts,
- Further diversification
- A needs-led, pro-active approach.

The School 'vision for LP roles' was discussed in the afternoon session, led by the Head of School and D.

The day was exciting to be involved with. The project direction and focus were reinforced, giving credibility to the work that we had been doing: local senior NHS trust staff and LPs themselves broadly supported our work. However, it was apparent that there were issues of ownership and leadership of the future direction of LP roles that were not being adequately addressed.

Unfortunately B was still sick and missed the day, but A wrote the following:

Thoughts and feelings: I had been looking forward to this study day. It felt as though LPs were finally receiving some recognition and development. I was also anxious as I was due to give a presentation and had been off sick prior to the event. In retrospect I was probably not fit enough to have returned to work but I was very keen to attend the day and not let the LP team down.

It was interesting to meet staff from the trusts but I couldn't help but feel very disillusioned. There appeared to be no recognition from the university that it might need to improve its management of this group of staff. Members of trust staff appeared irritated by what they seemed to see as constant problems, with no clear strategy or induction plans. Indeed these were issues we had raised at our previous meetings and still nothing had changed.

Reflection: The whole day had had the potential to be extremely interesting and valuable. Once again I left feeling that no one in the university was going to take a lead or responsibility for this group of staff. Another day was mentioned, and suggested content ranged from salaries and contracts to career progression. This all sounds so familiar! A large group of LPs has already met (a number of times!) and has discussed all of these issues, what is needed now is some leadership and for change to take place. The discussion relating to career progression may be useful but again it feels that the 'problem' is seen to be that of the individual LP not an organizational one.

Yes it is important for individual LPs to be autonomous and develop their own teaching and career progression, however I think that it is almost impossible to do this well within such a muddled organization with no clear career pathway for clinical/teaching staff.

My contract is due to end on August 31st. This probably influences my feelings, and my irritation is with an organization that can't even get this date correct. I now need to make a decision regarding my future career. I enjoy my current role, after three years I feel that I now have a good understanding of the university. My teaching has developed and the students appear to value my clinical experience. My trust manager is not keen to renew the contract for a number of reasons. I am not surprised, as it has been a constant battle to sort contracts, pay and workload. In some respects I feel that the trust is now trying to protect me from what it sees as an organization which will 'bleed you dry' and then 'spit you out' when it has finished.

If I leave at the end of August there will be no LP member on the action

> research project Steering Group, as both LPs will have left. There will be no further supervision group within the Exeter site as there will be only one remaining LP!
>
> These are confusing messages from an organization that appears to be supporting this action research project and has recommend a series of study days!
> 18/1/2002. LP A

I was less deflated than A, but my reflective diary notes a certain 'realism' concerning LP roles and their future. The School 'vision' for the roles emphasised LPs as one of a number of roles, aimed at linking university provision with the practice setting. As the national policy agenda was unfolding, new roles such as practice educators (a new role for the School: experienced nurses paid by the School who remain in clinical practice and work wholly in the employing trusts to facilitate the clinical practice of pre-registration student nurses) and nurse consultants were emerging. There were financial implications for the employment of LPs, and their numbers were declining at this time at the expense of practice educators. This financial and policy imperative was alluded to during the study day, and was at the root of A's pessimism. As an LP herself, her job was affected by these developments in a way that mine was not. I was seeing the project in different terms, and my reflective diary notes that the LPSD heralded the 'beginning of the end' of the development phase of the project. Its key aspects now became institutional acceptance and leadership for change. A final SG meeting signalled the end of this phase, and the remainder of my work on the project concerned institutional acceptance in a second 'spiral' (see figure 5.2).

Final Steering Group meeting. 26/3/2002

Prior to the this final meeting, I circulated ideas in a discussion document about change in School policies, outlined below:

Developing LP roles using AR: changing organizational attitudes and policies

The recent LP study day and focus group have indicated that certain changes are required in the employment policies of the School in relation to LPs. These ideas are outlined below. The key question is 'How can we take these forward at School level?' The AR project has gone as far as it can in terms of developing alternative policies, ideas and documentation, but the School now needs to take ownership of these and implement them as a coherent strategy if they are to be effective. The project has generated 'single-loop learning', but adopting the project ideas would move us to 'double-loop learning', where beneficial and lasting change occurs in organizations (Torbert, 2001).

1. Under the current proposals for the Departmental structure, management of LPs will fall to the Heads of Departments. This is unlikely to be sufficient to overcome the problems LPs encounter in their roles. There are several ways in which more effective management of LPs can be developed.

   First, study day participants mentioned a 'forum' for discussion of issues around the employment and continuing management of LPs, to make sure there is more 'joint working' between the School, LPs and trusts. Whilst this is attractive, there are certain problems that make it unworkable. These are practical problems like who would run it and who would be invited, how often would it meet and where, and what would it realistically be able to achieve.

   Second, a new role managing or co-coordinating LPs' could be created. The advantages of this role would be that this individual could act as a designated manager for LPs across the four School sites, and would link in with the local trusts on all operational issues regarding their employment (appointment to employment, contracts, management, joint appraisals, mentoring, workload reviewing, liaison with personnel and pay departments, and induction). The person in this role would 'trouble shoot', but also ensure the effective management of LPs, and contribute to their effectiveness by improving role clarity. The post-holder could also develop and operationalize the School strategy for strengthening practice-theory links in teaching and research.

   Third, within the new Departmental structure, a designated individual could be named for each Department, reporting to the Head of Department. This individual would have management responsibility for LPs (as in the second option, above, but without the other responsibilities). This has the advantage that each named person would currently have only 3 or 4 LPs to manage, and a similar number of local trusts with which to liaise, thus allowing the individual to develop a deeper local/'branch' knowledge and understanding of the roles in their local areas. As a smaller role than the above, it could be added on the current SL role with some remission of workload.

2. Content for the 2nd LPs study day was discussed. It would seem inappropriate to commit resources to the most popular idea (a celebration of success of local LPs as exemplars for others) while other issues remain unaddressed, but future LP study days might be about peer support and career development.

3. The recent LPs' evaluative focus group showed that much of the project's work is has been well-received by LPs, but there is still work to be done on School policies. The key areas discussed at the FG were

   <u>LPs' support.</u> This was well evaluated in the FG, but there are currently certain problems with support groups for LPs. For example, their decreasing numbers make it difficult to organize, and lack of workload scrutiny makes it difficult to ring-fence time. However, if these

difficulties were overcome, LPs would like management 'support' for it, almost 'permission': how can this be operationalized?

Joint appraisal. This was well evaluated in the FG. How can the philosophy, and documentation, be formally adopted?

Induction. More work needs to be done on induction arrangements for LPs. There is potential for web-based material, and LPs mentioned a 'buddy' system to go alongside more formal mentoring. This aspect of the project should be clearer as a result of potential changes in section 1.

Summary: it seems clear that we have some way to go in the School if we are to effectively manage LPs, and these proposals set out options for altering management structures for LPs to make this happen.

However, although there was some discussion of my ideas in the SG, they were not taken to be contentious, and workable solutions to the problems I identified were agreed. The key area to emerge from this meeting was the clarification of the Heads of Departments' leadership role with LPs, and this made unnecessary the proposal to establish other roles to manage LPs: it was agreed that they would detract from the relationship between LPs and their Head of Department. The following abbreviated minutes illustrate the agreement reached at the meeting:

The School now needs to take ownership and implement the ideas form the AR project as a coherent strategy if they are to be effective. The key question considered at the SG meeting was 'How can we take these forward at School level?'

A number of proposals were outlined:

1. Evidence from this project shows current line management arrangements for LPs are frequently inadequate as a result of the matrix structure. Under the new Departmental structure, management of LPs will fall to the Heads of Departments (HoDs). We discussed this and were reassured by D that the HoDs will take a lead in appraising and reviewing LPs' work.

Action: dissemination of project outcomes and documentation required to HoDs.

2. More work is required on LPs' induction.

Action: A and GRW plus one recently appointed LP to form a group to take this forward (incorporating existing induction pack produced by P for the main university site).

3. LPs peer support groups should be encouraged in the local sites. This needs to be supported and accepted by the organization. In order to secure a mechanism for continued support and voice for LPs, a six-monthly LP forum should be established where LPs could meet and discuss issues of concern that are then actioned through the School Management Team (SMT).

Action: D to discuss at senior level. Practical questions such as who will organize this and collate the feedback need clarification.

4. A second LPSD was discussed. The SG decided that this was not currently a priority for this project, but could be actioned in the future.

One useful suggestion to come from this SG was that our work on LPs' induction could adapt induction and orientation materials work produced by P (intended for use with new teaching staff only) on the main university site. This avoided 're-inventing the wheel', and produced materials from our project applicable to all new School appointments, including all 'joint appointments'.

In my reflective diary I wrote:

> I was expecting this to be quite a difficult meeting as I had circulated a discussion document asking for changes to the management structure for LPs and was thus implicitly critical of the way things are currently managed ... Many of the areas we discussed are now the remit of the HoDs.
>
> It has been fun working with the two LPs. I'm a bit sad about B, but A has been great to work with and I'm glad we got joint publications and conference presentations out of the work...What I must do now is concentrate on the write-up!
>
> 28/3/2002. GRW

It was clear that my focus was changing, beginning to emphasise the academic demands alongside the project-management aspects of the work. I was also sad about losing valued colleagues, as B had left her LP post and returned to clinical practice after a lengthy period of sickness, and A was planning to return to clinical work.

I collaborated by e-mail with A and another, more recently appointed LP, on the re-drafting of an induction and orientation package for all 'joint appointments', based on P's work for the main university site. I was also thinking ahead to gaining acceptance for our work in the committees requiring negotiation, and this aspect of the work now took up my time. The last SG indicated consensus that the School should formally implement the project work. The project management aspects of the work were drawing to a close, to be

replaced by a phase dominated by drafting and re-drafting documentation, and committee work.

INSTITUTIONAL ACCEPTANCE SPIRAL

School management team meeting. 28/5/2002

I circulated the final outcomes materials (joint appraisal documentation, notes on LPs' support, and induction materials, available in appendix 3) to members of the School Management Team (SMT; the School senior management body, meeting in a decision-making forum) for consideration, and presented the project work. The project outcomes materials were accepted without criticism, and thus became part of School policy. I was asked also to present them at the Staff Development Committee (SDC), because of the implications that the induction, appraisal and support arrangements would have on LPs, and at this meeting (9/6/2002), I was asked to make some minor revisions to the work, but again the materials were accepted without major criticism.

My reflective diary entry after these two events notes the following:

> *School Management Team*: I was expecting close questioning from people, but many of them were already familiar with the project, and knew quite a bit about it, particularly as I had used the same presentation previously at various research meetings.
> *Staff Development Committee:* this was trickier, as there were more 'corrections' to do, particularly re: Special Educational Needs and Disability Act (SENDA) compliance, but these were straightforward. The proposal to let Senior Programmes Administrators (SPAs) comment on the work is welcome, as they are likely to make some good contributions.
>
> It all feels like it really is drawing to a close now, particularly as my latest Annual Progress Review from C says just that 'data collection drawing to a close, and hoping to write up with a six month sabbatical'.
>
> I keep going back to my feelings about the project. I have really enjoyed it, but I have confusing thoughts about what we have achieved. There is no guarantee that any more LPs will be employed, but the project is completed, so the on-going impact is currently unclear! I think this must be what the AR texts mean when they say it is difficult to see a beginning and an end to projects. What I can demonstrate for the thesis is a rigorous approach to data collection and analysis, practical materials, and changes to employment practice for LPs. I have also kept the issue on the agenda in a way I had not anticipated.

> I want to go on to 'process issues' now. I feel as if I have been doing an awful lot of invisible work recently, drafting and redrafting this documentation. P's work on induction for the main university site took an awful lot of work to get right for the rest of the School and 'joint appointments'. There have been several drafts, and it has now gone to SPAs for comment. This whole phase, which I call institutional acceptance, has not been difficult or complex, but has been time consuming and frustrating, because it has been a lot of work for little visible result. However, without this acceptance, the work would have lacked authority and legitimacy: two key aspects in any organization. The project is now more visible, and this whole phase has convinced me that the work has been recognized and appreciated: it could have been rejected out of hand. This phase of the work deserves to be treated as an action cycle in itself.
> 10/6/2002. GRW

I was having some useful insights and altered thinking about the 'political' aspects of the work, which had exercised A and I around the time of the meetings with all the LPs, and LPs' meeting with the Head of School:

> A and I were both feeling exposed about our association with something that seemed to be getting too much critical scrutiny, and it made us both nervous. I think when D came on-board [clearer lines of communication were opened], and this involvement was good for the project. I think we both feel 'better' now than we did six months ago, because things have gone much smoother than we anticipated with institutional acceptance.
> 10/6/2002. GRW

However, this 'nervousness' provided a useful and different viewpoint for A and me on AR than that usually discussed in the nursing and education literature (as well as conference speaking and publications; and we wrote these up: Williamson and Prosser, 2002a, b&c), as my diary extract explains:

> There are some references to [political and ethical aspects] of AR in nursing, but they just don't make the same points in the same way, and the educational literature misses these points altogether, because of the relatively high autonomy that teachers enjoy in the classroom compared to nurses in the NHS.
> 10/6/2002. GRW

Summary of findings of the qualitative element of the project

On 16 June 2002, I wrote a long reflective diary piece trying to disentangle the findings of this work. The following summary is based on that reflective piece:

New knowledge generated by the project

- Insight into the working lives of LPs through the FGs
- In-depth evaluation of the LP role
- Context-specific nature of LP role at School

Outcomes for lecturer practitioners at the School:

- Raised issues and maintained LPs' profile high
- Key policies and documentation (the outcomes materials) have been developed regarding LPs' joint appraisal, induction and support
- These have been accepted by the School, and introduced to the HoDs and other key people with leadership roles in the organization

Change generated by the project

As well as the three areas outlined above, the FGs demonstrate that the project has helped those involved. There should be behavioural change by key players and the organization, in that the HoDs are aware of their leadership role with LPs.

I will now go on to discuss the quantitative element of the project.

SECTION 2: QUANTITATIVE FINDINGS

In this section, the questionnaire findings are presented. Feedback from these findings has not been given to all LPs in post. This section has two elements (see table 4.6). The first, descriptive, element presents response rates and LPs' biographical data and compares their

'raw scores' with the OSI and MBI normative data. The second, inferential, element examines correlations between LPs' biographical data and aspects of their reported stress and burnout, and the findings from the before- and after-project questionnaires.

QUANTITATIVE FINDINGS ELEMENT 1: DESCRIPTIVE STATISTICS

Piloting the questionnaire

In the present study, the LPWRQS was piloted with three individuals unconnected with the study, and as a result, very minor adjustments were made to the written instructions, but not the content of the instrument.

Response rates

The LPWRQS was first administered in March 2001, and then again in March 2002. The initial administration was to all LPs in post at that time (n = 15), and a 100% response rate was obtained. This number represents the total population and no attempt is made to suggest that they represent a random sample from a larger population for the purposes of statistical inference, although comparisons with other occupational groups' norms will be made. The second administration (n = 14), again to all LPs currently in post, yielded a total response rate of 100%, and of these, nine (64% of the total response) were suitable for inclusion as paired data (that is, the same nine respondents replied in both first and second administrations of the questionnaire). Data from the other five respondents, who were new in post, were not used.

Lecturer practitioners' biographical data

Six LPs (40%) had ENB post-registration, or BSc Nursing clinical qualifications, and 13 (86.7%) had graduate or post-graduate academic qualifications. All branches of nursing were represented (but not midwifery). Twelve (80%) had been qualified in nursing 15 years or longer, and their mean length of time since pre-registration qualification was 18.1

years. Four (27%) had worked as an LP for more than two years. The mean length of time working as an LP was 2.3 years. Thirteen (87%) were over 35 years of age, and the mean age was 41 years. Thirteen (87%) were female. Six (40%) worked clinically in the two biggest acute trusts in the Region, although there was representation from other trusts. (For a fuller presentation of LPs' biographical data see appendix 4, section 1).

Comparisons of Occupational Stress Indicator data with norm reference sets

Cooper et al (1994) indicate that scores in a band five points either side of the mean can be taken to represent an 'average' score. Researchers can make an 'on balance judgement' in interpreting their findings, based on the characteristics of their data; that is, the extent to which extreme scores, or 'outliers' influence the calculation of an average. Where such an on balance judgement has been made in the findings below, it will be illustrated using a bar graph. Table 5.6 shows LPs' scores for the OSI data, compared to published norm reference sets (Cooper at al, 1994; correct to one decimal place):

LPS' DATA	OSI subscale 1: factors intrinsic to the job	OSI subscale 2: the managerial role	OSI subscale 3: relationships with other people	OSI subscale 4: career and achievement	OSI subscale 5: organizational structure and climate	OSI subscale 6: the home/work interface
Mean	29.4	34.0	28.1	29.7	38.4	27.9
SD	7.3	9.9	7.3	8.7	11.7	10.5
COMBINED SAMPLE NORMS						
'Average' stress range	25.2 – 35.2	30.5 – 40.5	25.3 – 35.3	23.4 – 33.4	23.9 – 33.9	25.9 – 35.9
Mean	30.2	35.5	30.3	28.4	38.9	30.9
SD	6.5	8.5	7.7	8.1	9.2	10.3

LPS' DATA	OSI subscale 7: satisfaction with achievement, value and growth	OSI subscale 8: satisfaction with the job itself	OSI subscale 9: satisfaction with organizational design and structure	OSI subscale 10: satisfaction with organizational processes	OSI subscale 11: satisfaction with personal relationships
Mean	21.5	15.1	16.8	16.1	11.6
SD	5.8	2.7	4.3	3.1	3.6
COMBINED SAMPLE NORMS					
'Average' stress range	16.3 – 26.3	11.3 – 21.3	11.4 – 21.4	11.3 – 21.3	6.6 – 16.6
Mean	21.3	16.3	16.4	15.3	11.6
SD	5.8	3.2	4.3	3.8	2.5

Table 5.6: Comparisons of lecturer practitioners' Occupational Stress Indicator data with norm reference sets

Occupational Stress Indicator subscale 1: factors intrinsic to the job

LPs scored 29.4 (SD 7.3), compared to the reference norm score of 30.2 (SD 6.5). This index measures respondents' satisfaction with what they spend their days at work doing. A higher score would indicate that LPs found their time at work stressful (Lord, 1993), but as the scores are similar, it is likely that LPs were no more stressed by their daily activities than other workers in the general population.

Occupational Stress Indicator subscale 2: the managerial role

LPs scored 34 (SD 9.9), compared to the reference norm score of 35.5 (SD 8.5). A higher score here would indicate that LPs found difficulties living up to their role, that the balance

of their responsibilities was wrong, that there were conflicts within the role, or that there was a general feeling that they were not up to the role (Lord, 1993), but as the scores are similar, it is likely that LPs were no more stressed with the managerial role than other workers in the general population.

Occupational Stress Indicator subscale 3: relationships with other people

LPs scored 28.1 (SD 7.3), compared to the norm reference score of 30.3 (SD 7.7). A higher score would indicate that LPs were stressed with interpersonal relationships (Lord, 1993), but as the score is slightly lower, on balance it is likely that LPs found interpersonal relationships slightly less stressful than other workers in the general population. This on balance judgement is appropriate because of the characteristics of the data. This is illustrated by figure 5.8, which shows that 12 of the LPs scored higher than 25.3 (the lower end of the norm average reference range), and thus the mean of 28.1 is influenced by three extreme 'outliers'.

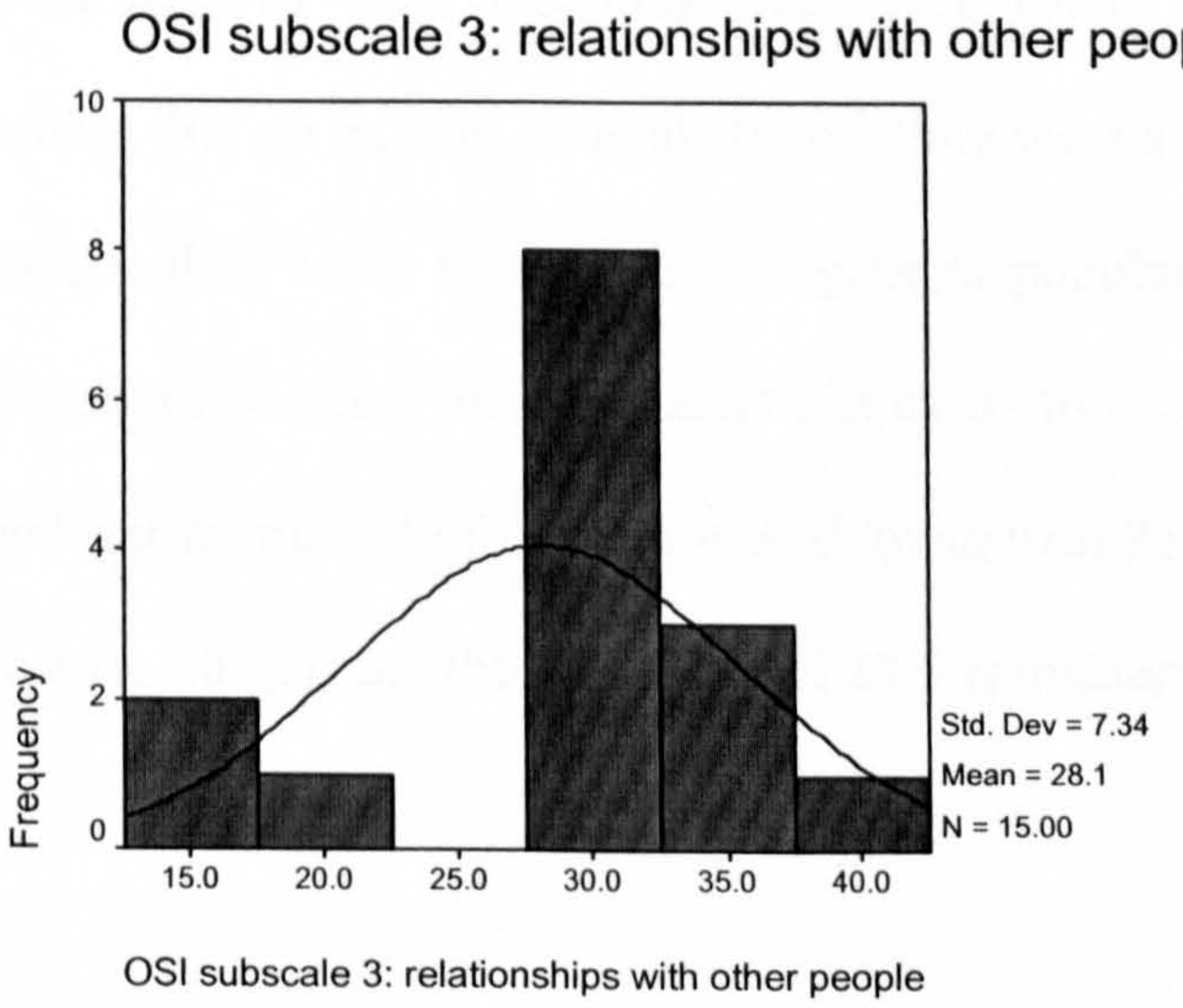

Figure 5.8: characteristics of LPs' data for OSI subscale 3: relationships with other people

Occupational Stress Indicator subscale 4: career and achievement

LPs scored 29.7 (SD 8.7), compared to the norm reference score of 28.4 (SD 8.1). A higher score would indicate frustrations relating to personal growth (Lord, 1993), but as the score is comparable, it is likely that LPs were no more stressed by their careers and achievements than other workers in the general population.

Occupational Stress Indicator subscale 5: organizational structure and climate

LPs scored 38.4 (SD 11.7), compared to the norm reference score of 38.9 (SD 9.2). A higher score here would indicate frustrations with the characteristics of the organization (Lord, 1993), but as the scores are comparable, it is likely that LPs were no more stressed by the organizational structure and climate than other workers in the general population.

Occupational Stress Indicator subscale 6: the home/work interface

LPs scored 27.9 (SD 10.5), compared to the norm reference score of 30.9 (SD 10.3). A higher score would indicate that the home environment was not conducive to the replenishment of workers' resources, suggesting either something about the home itself, or the intrusion of work into home life (Lord, 1993). LPs had a slightly lower score here, meaning that on balance, it is likely that they were slightly less stressed by the home/work interface than other workers in the general population. This 'on balance' judgement is appropriate because of the characteristics of the data. This is illustrated by figure 5.9, which shows that 13 of the LPs scored lower than 35.9 (the lower end of the norm average reference range), and thus the mean of 27.9 is influenced by two extreme outliers.

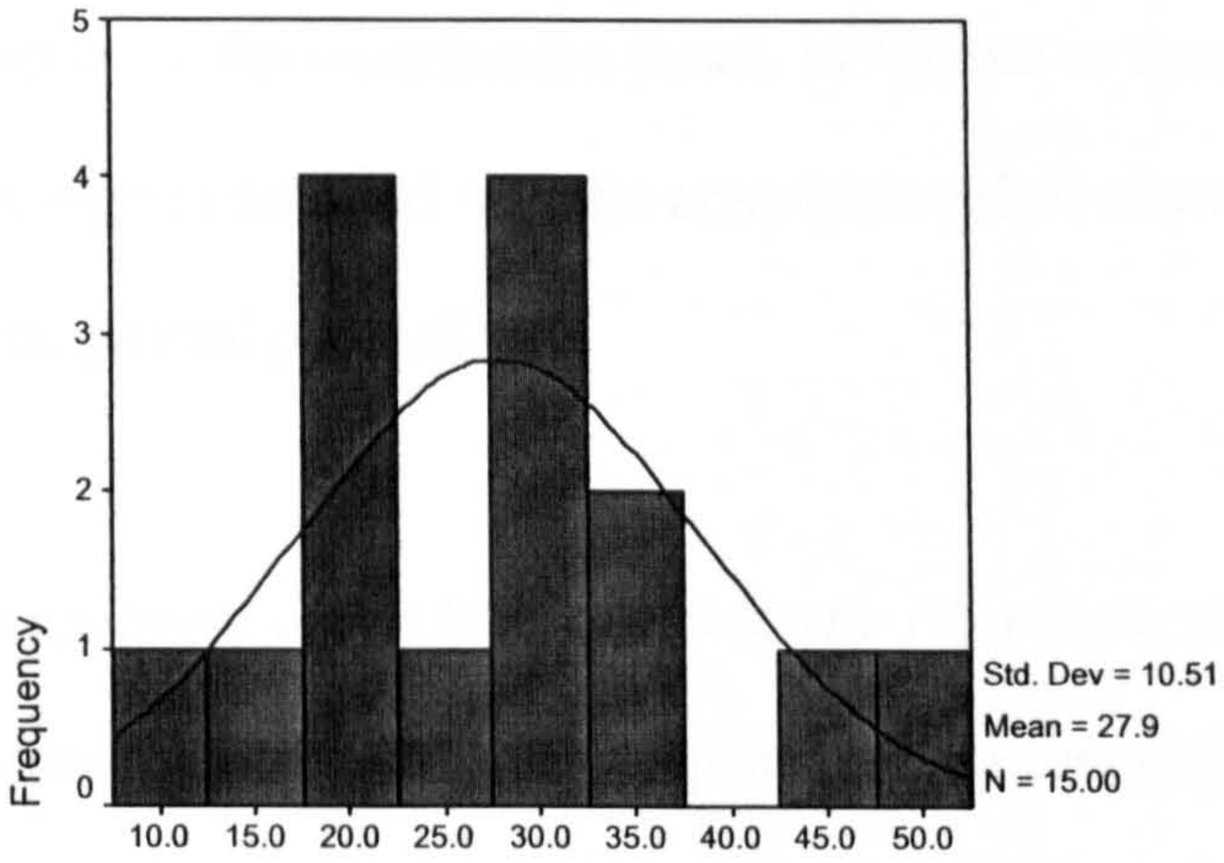

Figure 5.9: characteristics of LPs' data for OSI subscale 6: the home/work interface

Occupational Stress Indicator subscale 7: satisfaction with achievement, value and growth

LPs scored 21.5 (SD 5.8), compared to the reference score of 21.3 (SD 5.8). A lower score would indicate less satisfaction with career development, and not being valued by the organization (Lord, 1993), but as the scores are comparable, it is likely that LPs were as satisfied with their achievement, value and growth as other workers in the general population.

Occupational Stress Indicator subscale 8: satisfaction with the job itself

LPs scored 15.1 (SD 2.7) compared to the norm reference score of 16.3 (SD 3.2). A lower score would indicate less satisfaction with what they do on a daily basis (Lord, 1993), but as the scores are comparable, it is likely that LPs were as satisfied with their jobs as other workers in the general population.

Occupational Stress Indicator subscale 9: satisfaction with organizational structure

LPs scored 16.8 (SD 4.3), compared to the norm reference scores of 16.4 (SD 4.3). A lower score would indicate dissatisfaction with communication or with policies for

implementing change or dealing with conflict, which might be caused by the hierarchical structure of the organization (Lord, 1993), but as the scores are comparable, it is likely that LPs were as satisfied with the organizational structure in which they work as other workers in the general population.

Occupational Stress Indicator subscale 10: satisfaction with organizational processes

LPs scored 16.1 (SD 3.1), compared to the norm reference score of 15.3 (SD 3.8). A lower score would indicate that respondents were dissatisfied with their participation in decision making, organizational flexibility and supervision (Lord, 1993), but as the scores are comparable, it is likely that LPs were as satisfied with organizational processes as other workers in the general population.

Occupational Stress Indicator subscale 11: satisfaction with personal relationships

LPs scored 11.6 (SD 3.6), compared to the norm reference score of 11.6 (SD 2.5). A lower score would indicate that respondents are dissatisfied with the interpersonal dynamics in the work place. There may be lack of agreement with the public image of the organization, and discontent with the general atmosphere at work (Lord, 1993), but as the scores are the same, it is likely that LPs were as satisfied with interpersonal relationships at work as other workers in the general population.

Comparisons of Maslach Burnout Inventory data with norm reference sets

Table 5.7 presents LPs' scores for the MBI data, compared with published norm reference sets and reference ranges (Maslach and Jackson, 1986; correct to one decimal place):

LPS' DATA	MBI subscale 1: emotional exhaustion	MBI subscale 2: depersonalization	MBI subscale 3: personal accomplishment
Mean	21.7	3.3	37.5
SD	11.7	2.9	5.2
COMBINED SAMPLE NORMS			
'Average' burnout range	17 – 26	7 – 12	38 – 32
Mean	21	8.7	34.6
SD	10.7	5.9	7.1

Table 5.7: Comparisons of lecturer practitioners' Maslach Burnout Inventory data with norm reference sets

Maslach Burnout Inventory subscale 1: emotional exhaustion

LPs scored 21.7 (SD 11.7), compared to the norm reference score of 21 (SD 10.7). A higher score would indicate an above average level of emotional over-extension and exhaustion due to work (Maslach and Jackson, 1986), but as the scores are comparable and within the 'average' reference range, it is likely that LPs experienced an average level of emotional exhaustion, and were as emotionally exhausted as other workers in the 'human services'.

Maslach Burnout Inventory subscale 2: depersonalisation

LPs scored 3.3 (SD 2.9), compared to the norm reference score of 8.7 (SD 5.9). A higher score would indicate an above average level of depersonalisation, in the form of unfeeling and impersonal responses to service recipients (Maslach and Jackson, 1986), but as the score was below the average norm reference range, it is likely that LPs had a low level of depersonalisation, and exhibit less depersonalisation than other workers in the 'human services'.

Maslach Burnout Inventory subscale 3: personal accomplishment

LPs scored 37.5 (SD 5.2), compared to the norm reference score of 34.6 (SD 7.1). A lower score would indicate less satisfaction with personal accomplishment, in the form of personal achievement in the workplace with clients (Maslach and Jackson, 1986), but as the score was within the average norm reference range, it is likely that LPs had an average sense of personal accomplishment, and average feelings of personal accomplishment compared to other workers in the 'human services'.

QUANTITATIVE FINDINGS ELEMENT 2: INFERENTIAL STATISTICS

Only statistically significant results are presented below. Non-significant findings are discussed in the next chapter, and the relevant tables can be found in appendix 4, section 2.

Correlations between lecturer practitioners' biographical data and aspects of their stress and burnout

Null hypothesis 1: There is no correlation between lecturer practitioners' experience index and their occupational stress measured on the Occupational Stress Indicator subscales

No statistically significant correlations were found between the experience index and LPs' occupational stress, apart from with OSI subscale 8: satisfaction with the job itself.

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.525	.045*	.050**
	N =15		

* Based on normal approximation.
** Based on 10000 sampled tables with starting seed 1291153757.

Table 5.8: Correlation between experience index standardized scores and Occupational Stress Indicator subscale 8: satisfaction with the job itself

Table 5.8 shows a statistically significant moderate positive correlation between the experience index and satisfaction with the job itself (*rho* = .525, *Monte Carlo sig.* = .050),

meaning that the more experienced LPs are the more satisfied they are with the job itself. This is illustrated by the scatterplot below (figure 5.10)

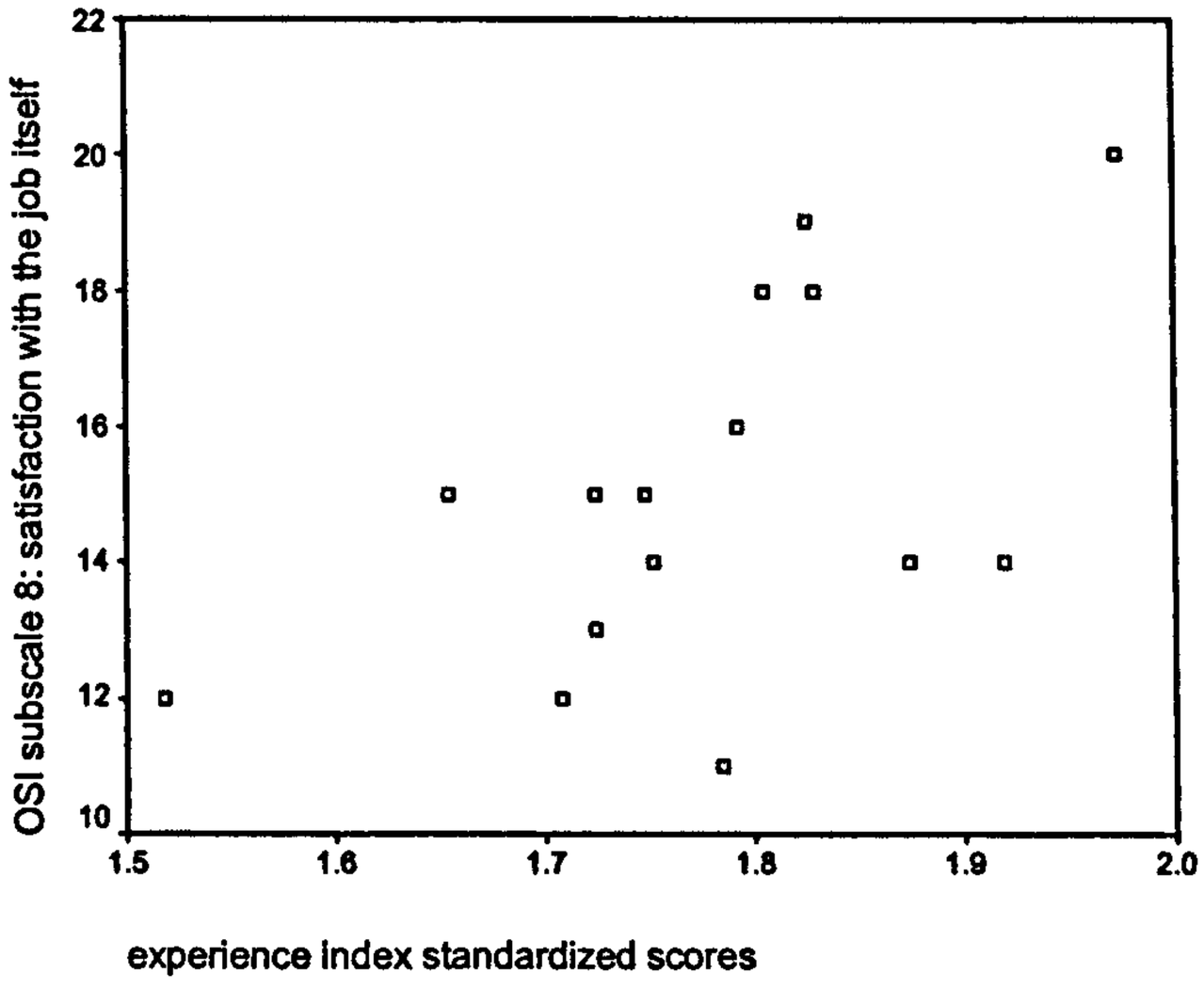

Figure 5.10: Scatterplot illustrating the correlation between the experience index standardized scores and Occupational Stress Indicator subscale 8: satisfaction with the job itself

This null hypothesis is therefore supported with, the exception of LPs' satisfaction with the job.

Null hypothesis 2: There is no correlation between lecturer practitioners' experience index and their burnout measured on the Maslach Burnout Inventory subscales

One statistically significant correlation was found, between the experience index and MBI subscale 3: personal accomplishment subscale.

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.784	.001*	.001**
	N = 15		

* Based on normal approximation.
** Based on 10000 sampled tables with starting seed 1291153757.

Table 5.9: Correlation between the experience index and Maslach Burnout Inventory subscale 3: personal accomplishment

Table 5.9 shows a statistically significant, strong positive correlation between the experience index and LPs' personal accomplishment (*rho* = .784; *Monte Carlo sig.* = .001), meaning that with increasing experience, LPs more often feel a sense of personal accomplishment. This is illustrated by the scatterplot below (figure 5.11).

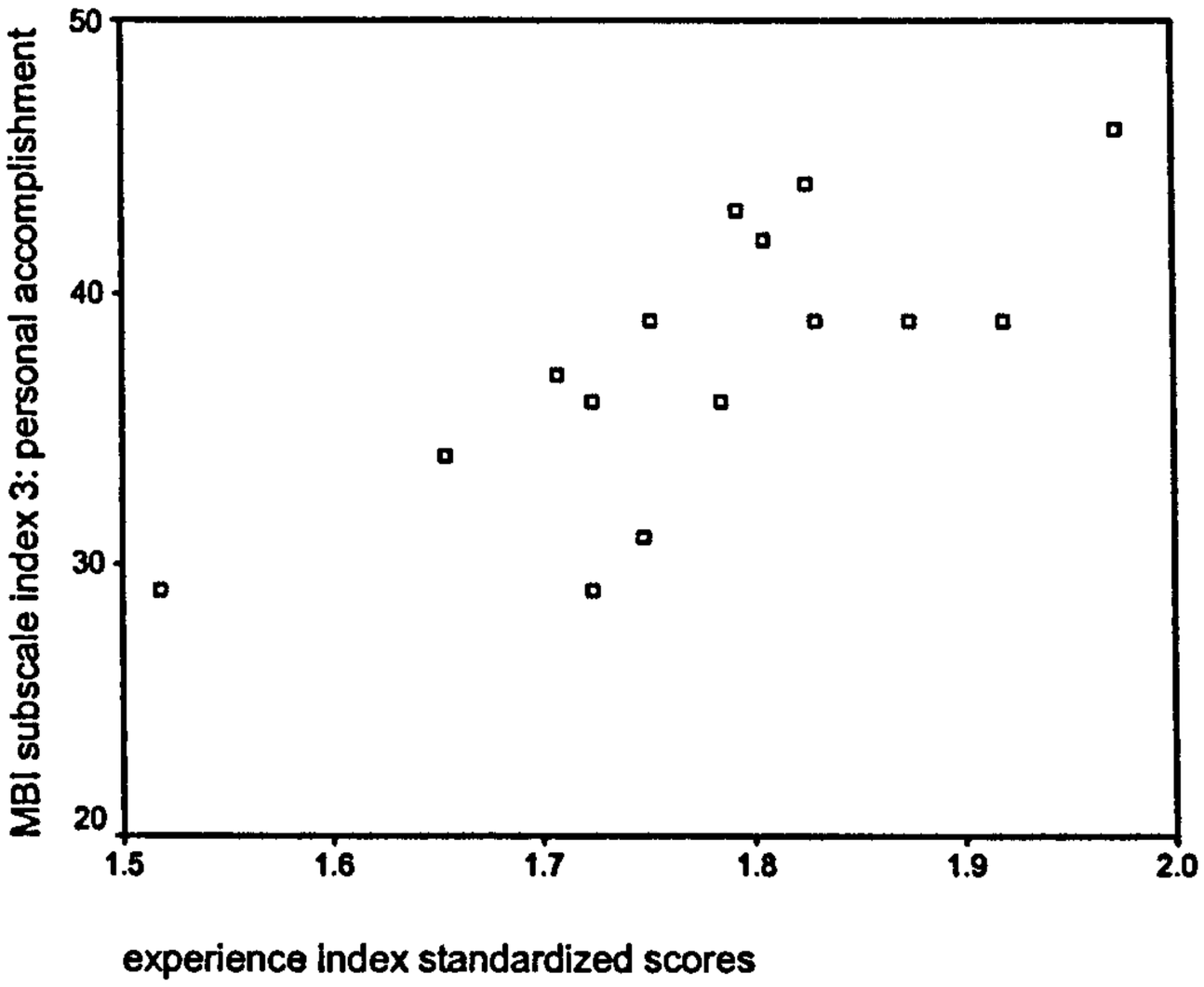

Figure 5.11: Scatterplot showing the correlation between the experience index and Maslach Burnout Inventory subscale 3: personal accomplishment

This null hypothesis is therefore supported, except for LPs' personal accomplishment.

Null hypothesis 3: There is no correlation between lecturer practitioners' qualifications index and their occupational stress measured on the Occupational Stress Indicator subscales

No statistically significant correlations were found, and this null hypothesis is therefore supported.

Null hypothesis 4: There is no correlation between lecturer practitioners' qualifications index and their burnout measured on the Maslach Burnout Inventory subscales

No statistically significant correlations were found, and this null hypothesis is therefore supported.

Null hypothesis 5: There are no differences between lecturer practitioners' scores before- and after-project, measured on the Occupational Stress Indicator subscales

Table 5.10 below shows measures of statistical significance for Wilcoxon's signed ranks test for OSI data: scores on the first distribution of the LPWRQS at the beginning of the project are compared with those after the completion of the project. (A detailed picture of these comparisons can be found in appendix 4, section 2, table 8.33).

	OSI subscale 1: factors intrinsic to the job group 2:1	**OSI subscale 2: the managerial role group 2:1**	**OSI subscale 3: relationships with other people group 2:1**	**OSI subscale 4: career and achievement group 2:1**	**OSI subscale 5: organizational structure and climate group 2:1**	
Z	-.297	-.169	-.237	-.701	-.119	
Exact sig.	.813	.938	.844	.523	.938	
	OSI subscale 6: the home/work interface group 2:1	**OSI subscale 7: satisfaction with achievement, value and growth group 2:1**	**OSI subscale 8: satisfaction with the job itself group 2:1**	**OSI subscale 9: satisfaction with organizational design and structure group 2:1**	**OSI subscale 10: satisfaction with organizational processes group 2:1**	**OSI subscale 11: satisfaction with personal relationships group 2:1**
Z	-.070	-.475	-1.131	-1.483	-1.131	-.141
Exact sig.	.992	.680	.289	.152	.289	.898

Table 5.10: measures of statistical significance for Wilcoxon's signed ranks test for Occupational Stress Indicator data.

Table 5.10 shows that none of the comparisons achieved statistical significance, and so the project was unable to demonstrate any statistically significant benefits for LPs' occupational stress. The null hypothesis is therefore supported.

Null hypothesis 6: There are no differences between lecturer practitioners' scores before and after the project measured on the Maslach Burnout Inventory subscales

Table 5.11 below shows measures of statistical significance for Wilcoxon's signed ranks test for MBI data. (A detailed picture of this comparison can be found in appendix 4, section 2, table 8.34).

	MBI Emotional exhaustion subscale 1group 2:1	**MBI Depersonalization subscale 2 group 2:1**	**MBI Personal accomplishment subscale 3 group 2:1**
Z	-.762	-1.292	-1.014
Exact sig.	.484	.266	.375

Table 5.11: measures of statistical significance for Wilcoxon's signed ranks test for Maslach Burnout Inventory data.

Table 5.11 shows that none of the comparisons achieved statistical significance, and so the project was unable to demonstrate any statistically significant benefits for LPs' burnout. The null hypothesis is therefore supported.

SECTION 3: SUMMARY OF FINDINGS

The findings from this project can be briefly summarised in a matrix of concepts (table 5.12).

QUALITATIVE FINDINGS	QUANTITATIVE FINDINGS
Initial focus group data	**Questionnaire**
New knowledge generated by the project	
Personal motivation: personal and professional development; increased skills	Compared to other workers… Lecturer practitioners no more stressed by their careers and achievements, are as satisfied with achievement, value and growth, and experience an average feeling of personal accomplishment (and the more experienced they are, the more often they feel personal accomplishment: *rho* = .784, *Monte Carlo sig.* = .001)
Workload pressures: role conflicts; excess hours (stress and burnout); impact of two organizations	Compared to other workers… Lecturer practitioners no more stressed by their daily activities, or the managerial role, are as satisfied with their jobs (and the more experienced they are, the more often they feel satisfied: *rho* = .525, *Monte Carlo sig.* = .05), and experience an average level of emotional exhaustion, and a lower than average level of depersonalisation.
Role clarity: lacking clear objectives and job descriptions; tripartite meetings required	Compared to other workers… Lecturer practitioners no more stressed by the organizational structure and climate, and are as satisfied with organizational structure and processes
Preparation and support: lacking induction and support; mentoring useful; uncomfortable in early months	Compared to other workers… Lecturer practitioners slightly less stressed by interpersonal relationships and the home/work interface than others, and are as satisfied with interpersonal relationships
Gains for trusts: closer links; role models; influence on contracting process Gains for practice areas: research/audit; change management; commitment to students (no clear picture of balance of responsibilities with students; formal teaching interferes with this role). Gains for the university: up-to-date teaching; closer links; 'cheap lecturers'	No data
Context-specific findings: Lecturer practitioner role remains unified around teaching, practicing, personal and professional development	No data

Outcomes for lecturer practitioners at the School	
Raised issues and maintained lecturer practitioners' profile. Trusts are supportive of the role, although the national policy agenda means that lecturer practitioners will be one in a range of appointments (including Consultant Nurses, Practice Educators) Outcomes materials: joint appraisal, induction, and support; adopted by the School.	No data
Change generated by the project	
Evaluative focus group demonstrated that the project has helped those involved, through joint appraisal and support. LPs reflective diaries discuss benefits of support in the project Behavioural change by key players and the organization is required, particularly Heads of Departments' leadership role with lecturer practitioners	Questionnaires failed to quantify the support aspects of the project (no statistically significant changes in Occupational Stress Indicator or Maslach Burnout Inventory data before- and after-project).

Table 5.12: summary of findings matrix of concepts

The project findings matrix of concepts provides a valuable element of triangulation (Shih, 1998; Foster, 1997), adding to the completeness of the findings (Kimchi et al, 1991). Significant new knowledge was produced, and it is here that aspects of quantitative and qualitative data overlap. Personal motivation was a theme from the initial FG series, and the LPWRQS data indicated that LPs were no more stressed with their careers, and as satisfied with their achievement, value and growth as the general population, and also enjoyed average feelings of personal accomplishment, which increased with increasing experience.

Regarding workload pressures, the initial FG theme included discussion of role conflicts, excess hours and the potential for stress and burnout as a result of working for two different organizations. However, the quantitative data indicated that LPs were no more stressed by their daily activities or the managerial role than the general population, were as

satisfied with their jobs, and enjoyed an average level of emotional exhaustion, and a lower than average level of depersonalisation. Also, their satisfaction with the job itself increased with experience.

Regarding role clarity, LPs in the FGs said that they lacked clear objectives and job descriptions, and required regular review meetings between themselves and their managers. However, the questionnaire indicated that they were no more stressed by the organizational structure and climate, and as satisfied with organizational structures and processes, compared to the general population

On preparation and support, LPs said that they lacked induction and support, and found the early months of their employment difficult and uncomfortable. The quantitative data indicated that they were slightly less stressed by interpersonal relationships and the home/work interface, and as satisfied with interpersonal relationships at work, compared to the general population

Data from the quantitative and qualitative paradigms are not comparable for other aspects of the initial FG material (trust gains, practice area gains, and university gains), or for specific elements of the work concerning outcomes for LPs at the School. The evaluative FG, and LPs' reflective diaries indicated that the project was supportive, and that support structures we implemented should have had an impact on LPs' feelings of being supported, and on their stress and burnout, but the questionnaire data failed to indicate this.

The AR project findings are discussed fully in the following chapter.

CHAPTER 6: DISCUSSION OF FINDINGS FROM THE PROJECT

INTRODUCTION

In this chapter, I discuss the project findings in three sections. I begin by discussing the implications for researchers and participants in AR in the light of this study. In the next section I address aspects of rigour in the work, in the context of arguments presented in chapter three. In the third section, I discuss aspects of the qualitative and quantitative elements of the work, providing a synthesis of the findings from the two elements. This discussion is set in the context of the UK literature on LP roles outlined in chapter two, and reference to the literature on occupational stress.

SECTION 1: IMPLICATIONS FOR RESEARCHERS AND PARTICIPANTS IN ACTION RESEARCH

In this section, I begin with consideration of our use of a spiral AR framework and a collaborative group approach, and then examine how doing AR in one's organization adds a political dimension to the work, meaning that traditional concepts of research ethics are inadequate, and require special consideration in AR work.

Spiral framework

This action research study took place within a spiral framework, with two stages, involving the initial project planning, then moving on to the institutional acceptance of the work. Both stages involved the activities of planning, acting, reflecting, planning again and observing for change (McNiff and Whitehead, 2002), but these have been used flexibly, so that we could respond to changes, developments and ideas to move the work forward in a dynamic and collaborative manner. McNiff and Whitehead's refined, more complex framework (figure 3.7), emphasises AR as consisting of 'spirals within spirals'. This complexity is reflected in this study, but is difficult to convey on paper (Waterman et al,

2001). However, what are demonstrated in this study is how new knowledge about the working lives of LPs was generated, and that the project outcomes (group support, induction materials and joint appraisal documentation) have been implemented as an 'intervention'. Not all AR work requires an intervention, but common themes are that studies are grounded in the local context, as this study was, and that there is an attempt to put knowledge into practice, with an emphasis on reflection and collaboration with co-researchers (Waterman et al, 2001). In this respect, this study used an appropriate methodological framework, with flexible movement between stages in the study, two distinct cycles of inquiry, and reflective decision-making (Winter and Munn-Giddings, 2001).

Collaborative Group approach

A collaborative group approach has been used successfully elsewhere in AR studies. Titchen and Binnie's (1993a) 'double-act' relationship allowed them to work effectively with participants in groups. In this study, the collaborative group worked in a slightly different manner, as I undertook aspects of both researcher and actor roles. I was responsible for data collection and analysis, as well as taking a lead in the development of ideas and strategies for change. This was appropriate given my position in the organization as a senior lecturer, and important considering the heavy workloads of my collaborators. A and B contributed ideas, participated in discussions, and added legitimacy to what was developed and discussed collectively. Without their collaboration, the project would not have produced credible alternatives to existing employment practices at the School. After B became ill and left the project and her LP post, A and I continued the collaborative relationship, and continued to work productively, but in a more informal manner.

Titchen and Binnie's (1993a&b) model is different from other group models in the AR literature, because they formed separate collaborative groups with key 'stakeholders'. In

this study, our approach was again different to theirs, as I, A and B worked closely in the small collaborative group in the initial project development spiral. We then discussed the project work with all LPs in post, gaining the scrutiny of other colleagues in the university and trusts in the initial project development spiral (see figure 5.1). Although A and myself continued to collaborate after this initial phase was completed, A's involvement lessened at this point, and I began collaborating with others in the institutional acceptance spiral (see figure 5.2). This work was much less 'visible' than the initial project development spiral work, involving drafting and re-drafting documentation ready for presentation at committees. In this spiral, I worked with A and another newly appointed LP, and P, to adapt induction materials that P had developed for the main university site, in order to make these relevant for other sites and for LPs and other 'joint appointments'. This institutional acceptance work was crucial for establishing the legitimacy and authority of the project outcomes. It was achieved by 'virtual' collaboration, with oversight from A and myself.

Waterman's (1994) group approach was also successful in developing aspects of nursing practice in an ophthalmology department outpatients' clinic. She worked as a facilitator, developing aspects of nurses' knowledge and understanding of visual impairment. She used a series of meetings to discuss the needs of staff she worked with, and the content of educative sessions was proposed and agreed by them. Her intention at the outset was to create an innovative climate in the clinical area, but she found that this was difficult initially, because her participants could not see beyond their current practice, having never been helped to do so. Waterman was encouraged by the positive evaluations she received from participants, some of whom were subtly encouraged to behave differently towards visually impaired people, as a result of hearing about one man's experiences of his visual impairment organized as part of the project work. Some nurses also began to think

differently about their counselling role with visually impaired patients, and began to challenge their lack of input into this aspect of care.

Insider/outsider action research

The 'inside/outside' debate is important in AR, as it appears that researchers are more likely to be successful in generating change if they are 'inside' the situation; that is, already established in the setting, rather than joining from outside it (Waterman et al, 2001). In this study, the collaborative group approach functioned with A and B 'inside' the situation, in that they were LPs with personal experience of these roles at this School, whereas I was 'outside' the reality of day-to-day life as an LP, but 'inside' the School as a full-time SL. In our study, we did not function exactly in Titchen and Binnie's 'double act' relationship, but the mode of working was similar. This is different to other accounts of the 'insider/outside' debate in AR in nursing.

In Titchen and Binnie's work, authority for different aspects of the project rested with two individuals – one an actor 'inside' the setting, one a researcher, 'outside' the setting – and they argue that this worked well, because the researcher was primarily responsible for data collection and analysis, and the actor was able to drive change in the clinical area.

However, others have experienced considerable role ambiguity in action research studies. When Pontin was involved with implementing primary nursing, he planned to work with an 'insider', a clinical nurse specialist (CNS), who was to actively facilitate change, with his role being to evaluate the project. When the CNS became unavailable due to sickness, he was expected to manage the practice development aspects of the project despite his lack of managerial authority, and he found this stressful. In their work developing new district nurse roles, Galvin et al (1999) used a 'research-practitioner', anticipating that this person would move from 'outsider' to 'insider' by working in the nursing team. However, the

clinical nurses misinterpreted her function as being primarily part of the nursing workforce. This led to widespread confusion about her role, which consequently did not meet the expectations of the district nurses.

In this study, I, A and B were already employed by the School, and so there was no sense in which we were required to take on completely new work roles, or move from insider to outsider. However, we experienced new insights into the way in which the School operated, and the hierarchies within it, eventually benefiting from powerful institutional sponsorship, discussed below. As a full 'insider' to the School and the project, I had excellent access to the setting, with an insider's knowledge of people, personalities and institutional policies, and, as suggested by Coghlan and Brannick (2001), and Hart and Bond (1995b), this insider knowledge was useful as the project developed.

Political and ethical aspects of action research

Traditional approaches to the ethics of research sometimes ignore the political nature of AR for the insider action researcher (Coghlan and Brannick, 2001), particularly as AR projects are likely to have consequences for the careers of researcher and participants. Participation in a work-based AR project has an impact on the individual that extends to the research ethics: it is difficult to guarantee absolute confidentiality and anonymity because other staff know who participated, and written accounts may contain some identifying details, so that the meaning of events is intelligible to the reader. For example, in this study, despite my use of letters to identify A and B, the collaborative group participants, others in the organization knew with whom I collaborated, saw us meeting together and knew we were attending Steering Group and other meetings. Indeed, many of the most powerful people in the organization were involved in the project at some point during its existence, and without them we would have achieved little of consequence. This caused me some personal ethical dilemmas, as I discuss later.

The concept of informed consent is also blurred in this study: neither researcher nor participants knew where the AR project journey would take us, and therefore could not fully know to what we were consenting at the outset. Although the traditional concepts of confidentiality, anonymity, and informed consent are satisfied fully in data collection and analysis of the focus groups and questionnaires, in this thesis, and the project work itself, these concepts are less clearly defined in relation to data from meetings and reflective diaries, because of the potential for identifying participants. As traditional concepts of informed consent are inadequate, instead consent means that in AR participants are willing to take part, and broadly support the ideas for change set out by the researcher (Meyer, 1993). However, this does not reconcile the difficulty surrounding the right to withdraw from AR studies. AR participants working in their own organizations do not usually have this freedom to leave the 'field', as they cannot simply walk out of their jobs. This means that in AR, continual re-negotiation of consent between participants and researchers is required as the project develops (Meyer, 1993; 2000), and this occurred implicitly, but not formally, in this study when LPs attended meetings, responded to e-mails and continued with their participation in the project.

Some authors argue that co-operation in AR is always to some degree *forced* (Meyer, 1993), involving deception (Morton, 1998), and this is justifiable if overtly political outcomes are intended (Kelly, 1989). However, deception and forced collaboration are contrary to the collaborative spirit of AR, and were not a part of this study. It is also unlikely that ethical codes proposed by Hart and Bond (1995b) for AR would have been helpful in this study, as they are likely to be inadequate in the 'real-world', and would have hampered the development of the project work (Galliher, 1973; Seedhouse, 1998).

In this study I, A and B did not know the direction the work would take at the outset, but remained committed to the project. When B became sick and left her post, A and I

continued, but there was no debate about either of us withdrawing from the project due to the potential for identification, or when we were particularly concerned about the political consequences of our involvement. Although it seemed initially that the LPs were more vulnerable than me because of their temporary contracts, in fact this was not the case, because A was shielded from adverse consequences of the project by intending to return to practice. She did not dread 'adverse publicity' following her return to her trust post, and she felt secure in this knowledge; her 'withdrawal' was already assured. It was also in part because we trusted each other. We forged an excellent working relationship, which allowed us to rely on each other's judgement. Sharing values and building a sound working relationship over time in this way is likely to be of more value than ethical codes in research, resting as it does in a shared sense of professional morality (Williamson, 2001). However, I did not have the potential to leave my post, and was concerned about adverse career consequences for action researchers in their own organizations that Coghlan and Brannick (2001) warn about. I had not anticipated this at the start of the project. The meeting between LPs and the Head of School made me nervous about possible career consequences, and about my own motivations. These feelings were resolved over time, because of the effectiveness of the Steering Group, and the ease by which institutional acceptance of the work occurred (discussed below).

However, adverse career consequences might be possible for others considering AR projects in their own organizations, especially if they are not in a position to leave. Change in organizations can be threatening and challenging, and can cause fear and anxiety for participants at all levels, including superiors and the powerful. Thus, researchers and participants in AR studies require special protection from harm, and it is the duty of the researcher to consider how this can be achieved. In theory, true collaboration in AR means that researchers and participants have equal responsibility for their findings and their consequences, particularly when the researcher and participants are all 'insiders' in the

organization (Williamson and Prosser, 2002b&c), as was the case in this study. Carson et al (1989) argue that a trusting relationship (such as the one A and I developed) is sufficient to guarantee protection from harm, as the portrayal of the work in any account will be agreed and negotiated. A more realistic view acknowledges the power relations in organizational life, and that AR projects exist within this context (Brannick and Coghlan, 2001), meaning that the action researcher (as key instigator and change agent) has a duty to protect or 'shelter' their co-researchers (Williamson and Prosser, 2002a&b). In this study and in this account, every attempt has been taken to protect participants from harm, but the blurred ethical position of AR makes this difficult. However, this account, whilst rigorous, is my own interpretation of events and I take responsibility for it.

SECTION 2: ASPECTS OF RIGOUR IN THIS STUDY

The interpretations placed on findings from both paradigms are inevitably under potential criticism for the extent that this account has been influenced by my proximity to the study, to participants and to the School. However, this proximity is a central feature of this AR project, as without it, it would not have been possible to produce change. Nevertheless, it is necessary to demonstrate a rigorous approach to data collection, analysis and interpretation so that the findings are credible, and this section discusses aspects of this rigour.

For action researchers, it is important to demonstrate that personal interpretations are acknowledged, challenged and developed during their projects and in their accounts of the work, and that participants' voices are allowed to emerge, and thus reflexivity is crucial (Waterman, 1995; 1998). In this study, a rigorous approach to the collaborative aspects of the work has been taken, as evidenced by the collaborative group approach with LPs, informed by the FG series in the initial planning phase of the work. As the project developed, the work was open to scrutiny from colleagues, senior managers from the School and the trusts, and all LPs in post. There was an effective SG structure, which

offered an opportunity for discussion and reflection, and the scrutiny of senior colleagues from the university and trusts. For example, the SG was instrumental in making clear the leadership responsibilities of the Heads of Departments in relation to the management of LPs. There was also an opportunity for widespread comment by LPs in the initial project development spiral, at the two participant feedback events. The LPSD widened participation to include senior trust and university managers, and this helped give us a valuable perspective from trust personnel responsible for the management of LPs. (All these aspects of the study are shown in the chronology presented in table 5.1).

Five choice-points for rigorous action research

Bradbury and Reason (2001) believe that rigorous AR requires consideration of five choice-points. These are, the extent to which participants are energized, individual's actions change, data collection methods are appropriate, participants live a better life in the organization, and there are enduring structures.

That participants were energized is illustrated by our reflective diary entries. These mention excitement about the project, particularly in the early months, and that it was a source of motivation for A and B despite their heavy workloads. Although it was difficult to sustain excitement over the course of a long project, A and I remained enthusiastic despite B's long period of sickness, resignation from the School and return to clinical practice. LPs who attended the LPs' discussion group, where the project work was introduced and discussed, and the meeting with the Head of School, were also energized by the experience, but this was not demonstrated in a wholly positive manner: there were some highly critical comments at the LPs' discussion group. Indeed, although the evaluative focus group demonstrated that LPs were using our ideas, one limitation of the work might be that we did not get evaluative data from all LPs in post at that time, and therefore were unable to show that we hade enthused and energized the entire group.

However, as half the LPs attended this focus group, it is appropriate to conclude that the project had some success in this respect.

Next, regarding the appropriateness of data collection methods, in this study there was triangulation as a strategy for ensuring the completeness of the findings (Kimchi et al, 1991), using multiple sources of qualitative data, and one source of quantitative data (Denzin, 1989). These methods are appropriate for an AR approach, and this triangulation also answers Titchen's (1995) concern that rigorous AR accounts demand multiple data sources and paradigms.

The extent to which individual's actions change as a result of the project is the third choice-point, and we also had some success in this respect. We raised questions in the School about LPs' employment at a time when they were feeling insecure. The Head of School addressed aspects of LPs' notification of termination of contracts, and considered the extension of their teaching roles. The leadership role of the Heads of Departments with LPs was also clarified. The project facilitated joint understanding of LP roles and encouraged more joint working between the School and the local trusts as a result of the LPSD. For the LPs in the collaborative group, and for other LPs, their behaviour was changed in that they formed support structures for themselves, and took part in joint appraisal, or planned to do so. However, as the project work is now completed, there will be no on-going research evaluation of the extent or impact of such changes in behaviour, but the momentum established in the project continues. One possible limitation of the work in this respect is that it discusses the process and beginnings of institutional development, rather than detailing sustained and widespread change. However, this is a feature of time-limited projects, and as Waterman et al (2001) note, no AR study is likely to meet completely its criteria for judging success.

Bradbury and Reason's (2001) last two choice-points for rigour in AR are the questions of whether LPs lead a better life in the organization, and whether there are enduring structures. Whether life is better for LPs is not completely clear. The LPs who worked closely with me in the collaborative groups reported feeling supported by the work. However, they have both returned to clinical practice and so are no longer LPs. This support element was well received at the evaluative FG. The joint appraisal documentation we developed was useful for LPs, and this also evaluated well, and these elements were useful to confirm the project's success despite the fact that only half the possible number of LPs attended the evaluative FG. However, the questionnaire was unable to demonstrate any statistically significant improvements in the before- and after-project scores for occupational stress and burnout, as might have been expected (discussed later). One further question about the success of the study is the difficulty of addressing accurately whether LPs live a better life in the organization when their temporary contracts mean they are unlikely to continue working there for longer than three years. However, our insight from the collaborative group into the importance of the personal and professional development aspects of the role contributes to the understanding of the role at the School, and future LP appointments will benefit from this. This is also central to the Head of School's understanding of the role, as discussed when she met LPs. The materials we developed on joint appraisal, induction and support will also benefit future LPs and improve their working lives and are now freely available for use.

We were able to establish enduring structures. Our project work and outcomes materials on joint appraisal and induction, and the ideas on LPs' support, were formally accepted, becoming part of School employment practice. Thus the institutional acceptance spiral, although less visible than the initial project development work, and carried out with more virtual than actual collaboration, was crucial for establishing the project outcomes materials. The Heads of Departments' leadership role regarding LPs has also been clarified

and explained, and this was another crucial aspect of the project work: at the time the project materials were being discussed and implemented (summer 2002), the School was undergoing a major management reorganization, moving from a 'matrix' structure to a departmental one. The matrix structure meant that responsibility for various aspects of the School's management was held by different individuals for site issues, branch issues, programme issues, quality issues, and research. In the summer of 2002, the School changed to a departmental structure, with much clearer lines of accountability and responsibility through the Heads of Department. Thus, in the new structure, the HoDs take a lead role in managing LPs in their departments. This project made this leadership role apparent, publicised this to the Heads, and provided materials for them to use for joint appraisal and induction, and ideas about how LPs could organize effective support for themselves. Although this is not quantifiable, it is likely that LPs appointed in the future will benefit from improved conditions as a result of this work, as the structures we created remain in place. Again, the lack of evaluation of the HoDs' role in relation to LPs might be seen as a limitation to the study, but this is another facet of such a time-limited study.

Thus, although there are several questions and possible limitations to the work, this study is able to demonstrate some successes in four out of five of Bradbury and Reason's (2001) choice-points (energizing participants, appropriate data collection methods, changing individual's actions; enduring structures), and success in the qualitative aspects of the fifth choice-point, if not in the before- and after-project data on occupational stress and burnout (better lives in the organization). In terms of Bradbury and Reason's choice-points for AR, there has been a full discussion of the extent to which this work meets these criteria and, therefore, its rigour has been demonstrated.

Coghlan and Brannick's (2001) four ideas for demonstrating rigour in action research

Coghlan and Brannick (2001) add four ideas for demonstrating rigour in AR. These are: demonstration of multiple cycling, discussion of the reflexive nature of the work, securing different views of events, and how these different views challenge the work.

In this study, multiple cycling occurred: the AR spiral methodology chosen emphasises 'spirals within spirals' (McNiff and Whitehead, 2002, see figure 3.7), and the project developed with two distinct spirals. The first spiral concerned the 'initial project development work', with the second relating to institutional acceptance. Within these two spirals, there were other, smaller spirals, relating to the development of the outcomes materials. Although identifiable as distinct spirals, they did not proceed in a straightforward fashion, and the work progressed as a result of our discussions and subsequent changes in understanding in the collaborative group. Thus the spiral framework allowed an important flexibility to adapt to circumstances, whilst still offering an element of structure and direction to the work.

There is also extensive evidence of reflexivity in the study, demonstrated by extracts from our reflective diary entries, providing a contemporaneous commentary and a record of events. The largest amount of text is from my diary, but material from the collaborative LPs' diaries has been used to illustrate discussion where appropriate. They were able to write less than me due to time constraints, but their insights are no less valuable. One limitation of diary data is the extent to which they can present an edited version of reality and are 'written for an audience'. This is perhaps inevitable given the need for participants to protect themselves, and is a potential issue in action research in one's own organization where participants are aware of the political context. However, reflective diary writing has a long and varied research history and, notwithstanding this criticism, these diary extracts

were the key method of accessing our thoughts and feelings about the project, uncovering otherwise hidden data. In this respect, our use of diaries was consistent with accounts in the literature. Burgess (1984) and Denzin (1989) discuss diary entries as a method of accessing the 'insider's' thoughts and feelings about research, and as a primary data source. The process of writing a diary promotes reflection (Rich and Parker, 1995), and material contained in them illustrates hidden aspects of organizational life (Coghlan, 1993). Diaries have also been used successfully in AR accounts in the same way as they were used in this study: to evaluate the research, and to improve the credibility of the account (Marrow, 1998). Similarly, Lax and Galvin (2002) used diaries to record events in their AR work, and to reflect on them.

In this study, the diary entries allowed us to record events in the project work, and also to gain new insight into it. A significant new insight was the importance of the political and ethical aspects of AR. This aspect of AR has not been previously well-discussed in the literature in the fields of nursing or education, although it is discussed in the business studies literature (Coghlan and Brannick, 2001). This may be because in nursing, action researchers have tended to be 'friendly outsiders', rather than permanent members of the organization under study. Thus they are in a position to withdraw from the setting without the potentially adverse career consequences that permanent staff might encounter (Coghlan and Casey, 2001; Williamson and Prosser, 2002a&b). In my reflective diary, I talk about these political and ethical aspects, noting feelings of exposure, and confusion about the multiple roles and conflicts of interest I was experiencing as an action researcher. These insights coloured our experience of the project at that time, but were largely absent in diary entries a year later, indicating that the new project management arrangements we experienced were helpful. This gave us the sense that our project work was valued and that our findings and recommendations were likely to be respected. My thoughts and feelings about this transformation are a direct result of emersion in the project and were only

accessible through such reflective diary keeping. This episode is illustrative of reflexivity in this study, and how diaries were used to achieve this aim.

AR requires emotional commitment: fears and anxieties when initially becoming involved in AR are common (Webb, 1989; Waterman, 1994), as are confusion and uncertainty (Webb et al, 1998) and intense relationships between participants (Morton-Cooper, 2002). These ideas are consistent with my experiences of this AR project, particularly when we experienced hostility and scepticism about my motives in the LPs' discussion group. At this stage of the project, my emotions were running high, and A and I were both questioning the point in continuing. We felt that our work was in jeopardy, and for me, this began a process of reflecting on my motives. However, my commitment to the project was undaunted, and a year later these self-doubts were resolved. What this episode illustrates is the extent of the emotional involvement that action researchers take on when they undertake a project. There is exposure to aspects of others' reality, and this is unlikely to always be positive or uplifting, despite the action researcher's good intentions. As well as personal emotions, one is in contact with others' thoughts and feelings, and in this study there was the real concern for many LPs that they would lose their jobs. Understandably, this coloured their reactions to our project work. Also, if a forum for discussion such as the LPs' discussion group is provided, this will be used for the participants' purposes rather than the researchers'; in this case to vent feelings of anger and frustration borne of their personal insecurities. As a researcher I had no control over this, and this surprised me. I believed my motives to be honourable, but as this was not immediately obvious to others, it provoked an emotional reaction in me, and in A. Our reflective writing allowed us to disconnect these immediate emotions, think things through more rationally, and come up with an altered understanding of what happened. We were able to deal with the confusing emotions of the situation and directly learn from them. Without reflective diary writing, and a reflexive approach to the study, it would not have been possible to uncover these

hidden aspects of organizational life (Coghlan, 1993). Such writing also enabled us to learn from real-world situations (Wellard and Bethune, 1996), facilitating Schön's (1987) 'reflection-on-action', rather than 'reflection-in-action'. This process also demonstrates rigour in the project, illustrating three of Coghlan and Brannick's (2001) four aspects: discussion of the reflexive nature of the work, how different views of the work are secured, and how these views challenge the work.

Hope (1998) argues that the outcomes of AR are never clear at the start, and this was my experience in this project, but the consequences for the organization itself were also unclear. This is an important finding, and one that is likely to be of relevance to others seeking to generate change in their own organizations, particularly if a management agenda drives this change. Despite minimal senior managerial control of the direction that the project work took, our ideas gained institutional acceptance almost without comment, illustrating the importance of powerful institutional sponsors on the Steering Group, whose presence opened channels of communication between the project and the Head of School, facilitating institutional acceptance.

Coghlan and Brannick (2001) argue that the degree of self-study shown by the organization is important for the success of AR projects (figure 3.10 illustrates their ideas on this). They see four categories of intended self-study, from traditional research methods showing no intended self-study in action, to large-scale transformation showing a high degree of self-study in action. Whilst this project was not a large-scale transformation of the School, it provided an in-depth analysis of the working lives of LPs, and examined their views and beliefs about the School in a rigorous, critical and honest fashion. Thus the project is evidence of a degree self-study in action by the School, with some transformation of employment practices for LPs. Without this high degree of self-study,

and where there is a highly developed management agenda, it is likely that action researchers would encounter more resistance to their ideas for change than we did.

The meetings from the collaborative group show how we arrived at a new conception of LP roles from that previously held by participants, whilst the FGs in the initial project planning phase enabled LPs to make explicit the positive and negative aspects of their roles. The questionnaire was used subsequently in an attempt to quantify specific aspects of LPs' occupational stress and burnout, and the impact that the project might have on these. The collaborative group structure, project management arrangements, meetings, LPSD in the initial project development spiral, and further collaboration and committee process undertaken in the institutional acceptance spiral also ensured that different views of the work were secured, and this account demonstrates how our thinking was challenged by these different views.

The last aspect of this discussion concerning how this study demonstrates rigour relates to McNiff et al's (1996) ideas about how new meaning and understanding are produced, and how tacit knowledge is made explicit. Much of the discussion above also relates to these aspects of rigour: the numerous data sources make it possible to access and produce new meanings, and tacit knowledge is also made explicit in them. In particular, without our diary entries to record and reflect on the project, our understanding of events and other insights into LPs' working lives, these project findings would not be accessible.

Applying this study in other settings

AR studies are context-specific, bound up in the local situation, and rely on local knowledge and experience for their development. Usefulness in other settings is not their prime motivation, but they can be important for others seeking to develop aspects of their practice (Waterman et al 2001). For this study to be relevant elsewhere depends on its

credibility, and this has been demonstrated by the discussion of aspects of rigour, above. It also relies on the judgements readers make in comparing and contrasting this study with their own circumstances: social science research produces findings with low predictive power compared to those of the natural sciences, instead producing findings which might be close enough to the position in other settings for broad generalization to be possible (Williams, 2000).

SECTION 3: SYNTHESIS OF QUALITATIVE AND QUANTITATIVE ELEMENTS OF THE PROJECT FINDINGS

One interesting aspect of the project findings is the apparent dissimilarity of some of the findings from the focus groups and questionnaires, in that LPs discussed their potential stress and burnout in the FGs, but excessive levels of these were not reported in questionnaire responses. I will discuss the qualitative aspects first, comparing and contrasting data from all the qualitative sources, using aspects of the literature on the LP role discussed in chapter two. I will then offer a synthesis of the two paradigms' findings by considering the quantitative aspects of the study. This is informed by the literature on occupational stress and burnout.

Discussion of qualitative findings

The initial series of four FGs in the initial project development phase of the work led to the identification of five themes (personal motivation, workload pressures, role clarity, preparation and support, gains for the trusts, practice areas and the university; see table 5.4), and these are entirely consistent with findings from other studies, as I discuss below.

Professional and personal development by combining education and practice was seen as central in LPs' personal motivation to take on the role and to continue with it in this study, and whilst this was tinged for some with concern about their temporary contracts, for

many, the LP role offered an opportunity to do something new. Indeed, the personal and professional development aspects of the role emerged as crucial in the collaborative group work, and the discussions we had on the issue informed our thinking about the nature and viability of the role: we concluded that we should retain the term 'LP', rather than drop it in favour of 'part-time lecturer and practitioner' because of the apparent dissonance between the role at the School and original unified conception of the role (Vaughan, 1987; 1989). Instead, we realised that the role at the School had an implicit unity based on lecturing, practising, personal and professional development (see figure 5.3). This insight enabled us to see beyond the practical problems besetting the role at the School, and conceive the role as having continuing viability. The professional development aspects of the role were also highlighted by the Head of School as a crucial *raison d'etre* for LP roles here, offering LPs the opportunity to develop a portfolio of new skills, before moving into other substantive posts. This was also an argument made in the LPSD for continuing with temporary contracts for LPs. This emphasis on personal and professional development is also noted in the literature: Woodrow (1994a&b) and Rigby et al (1998) both discuss how LPs face new challenges and a new culture when moving into university departments from clinical practice, and that the new setting benefits them by developing their teaching skills and networks of valuable links. Although emphasising the potential for the professional development of other staff, Redwood et al (2000) also discuss how LPs are instrumental in maintaining multi-level links between the university and practice areas. Thus our project findings concerning the essential nature of the personal and professional development aspects of the LP role are consistent with literature from other areas.

Other themes from the initial FGs were the extent of LPs' workload pressures, and how these were caused by working for two large and complex organizations with different requirements (role conflicts), exacerbated by long hours, particularly where LPs carried long-term case loads. This was mirrored in the LPs' reflective diaries, and was

instrumental to our thinking about developing the joint appraisal materials, and the support structures, which evaluated well at the evaluative FG.

High workloads were referred to in the FGs as a potential source of burnout, and role conflicts and high workloads were identified as a source of anxiety, and therefore, potentially, occupational stress. LPs' discussion of the demands of two different organizations and high workloads is similar in some respects to the idea that, for women, there exist 'greedy institutions', who make demands on the time of those within them, as well as having an impact on their identities. Edwards (1993) argues that higher education and the family are greedy institutions, because both seek exclusive and undivided loyalty from women, exerting pressures to weaken the ties with other institutions by means of powerful, if voluntary, compliance. This conception of the need for the sacrifice of their time and identity amongst women in higher education rests on the distinction between the public and private sphere: the institution of the family resides in the private sphere, and the higher education institution resides in the public sphere. In this study, however, both the university and the LPs' trusts reside in the public sphere, but each is a greedy institution in which the LP is under pressure to achieve success, whilst at the same time showing that neither suffers because of LPs' participation in the other. Edwards argues that acting in both roles is not simply a case of allocating time to the demands of each sphere, but is mediated by women's self-concepts, their beliefs and attitudes about how they should behave in various situations. In her study of mature women's experiences of nurse education, Kevern (2002) notes that for student nurses, there are three dimensions to the greed of institutions – the family, the higher education institution, and the practice setting – making the original concept of the greedy institution, with its dual conflicts, inadequate for nurses. This concept is theoretically relevant for LPs in this study, but it appears that whilst they experienced two 'greedy institutions', in the sense that there were conflicts between the trust and the university demands on their time and identities, they did not experience

three greedy institutions, because they did not discuss three-way conflicts involving the formal institutions and their family commitments. It is also unclear the extent to which greedy institutions can be considered gendered. In Currie et al's (2000) research examining the concept in two Australian universities, they found that staff sacrificed a great deal to their university careers, but this was gender-blind in that men and women did it roughly equally, and what was more important for self-protection than gender was the inclination to decline excessive work demands. The term 'greedy institutions' can only, then, be applied to the university and trusts in which these LPs worked, and cannot be extended to their relationships with their families.

LPs' accounts of the conflicts they experience and their prioritising of responses in the allocation of time were bound up with their sense of self-identity, in a similar manner to Edwards' (1993) discussion of how women make these choices between work and the family. In this study, LPs prioritised between clinical and academic work based on their professional judgement, which stems from their identity as a nurse. They were never completely comfortable with their decisions, but organized a 'happy medium' position within which they could exist, in the same way that Edwards' (1993) respondents prioritised their time between family and studies, and were never completely happy with the results of these calculations.

Workload pressures and associated stress and burnout were exacerbated for LPs by the third and fourth themes from the FGs: poor role clarity and inadequate preparation and support. LPs said that it was unclear exactly what they should be doing in their roles, and that neither their trust nor their university managers had clear ideas. This was worsened by lack of useful job descriptions, ineffective joint appraisal and review mechanisms, and was confounded by inadequate preparation and support. LPs were also least clear about their roles in the initial months following appointment. Although this eased with time, they

found poor support a continuing problem. This support was an issue in the collaborative group discussions, and A and B developed a group model. This was presented at the LPs discussion meeting, was subsequently established by LPs for themselves on at least two of the four School sites, and described as useful in the evaluative FG.

The findings from the project that high workloads might cause stress and burnout, and that LPs lacked role clarity, and preparation and support, are consistent with the literature. For example, burnout is mentioned as a possibility (Childs, 1995, and Elcock, 1998) because of the enormity of the LPs' roles. Hemphill et al (1996), and Shepherd et al (1996) both discuss how stressful LP roles can be for post-holders, because of role conflicts, and the necessity of reconciling the needs of two different organizations without effective review structures or support, and Hemphill et al note that it was unclear who had responsibility for appraisal of LPs at their organization.

In this study, we developed policies which were accepted at the School, and outcomes materials on joint appraisal, induction and support, and these are consistent with aspects of the management of LPs elsewhere. Redwood et al (2002) found that their LPs required facilitation to overcome the problems they faced in working between two different organizations. At their institution, a dedicated university manager conducts two-monthly review meetings with LPs and their trust managers, which, along with joint job descriptions, appraisal and objective-setting, have a positive impact on LPs' sense of clarity of purpose by overcoming potential role conflict and work overload. Although we were not able to construct a meaningful joint job description for LP, Redwood et al's ideas mirror closely our intention in producing joint appraisal documentation, which was to facilitate effective review of the role by LPs, university and trust managers. Evidence from the pilot, and the evaluative FG indicates that this was a useful strategy, and is likely to

benefit LPs in other settings. LPs in our FGs were against the imposition of a single method of working for LPs, as were those in Redwood et al's (2002) research.

The last theme discussed in the initial FGs concerned gains: for the trusts, for practice areas, and for the university as a result of the LP role. The trusts gained principally by the maintenance of links between the trusts and the university, and by influencing the contracting process, although some LPs also discussed their leadership of practice development projects. Trusts' links with the university also emerged strongly from the LPSD, where a key issue from the group discussions was the need for more joint working between the university and the trusts, to manage effectively LP roles and to sustain effective links. This is consistent with other authors' work, where LPs have been discussed as a conduit between the two organizations: LP posts have been specifically set up with the intention of improving the links between education providers and clinical areas (Gould and Crooks, 1996; Elcock, 1998), and to give a bridge between the requirements of the two areas (Redwood et al 2002), so that personnel in each area can keep in touch with what is happening in the other setting.

Regarding gains for the practice areas (staff, students, and patients), LPs in this study identified themselves as a resource, offering 'theory', teaching materials, and research skills to qualified staff and to students, However, a clear picture of the balance of their responsibilities did not emerge, and there was little discussion of the theory-practice gap. That LPs offer 'theory', teaching materials and research skills is a picture matched in other settings: in Lathlean's (1992; 1996a) work, LPs emphasised how they act as role models, facilitate research utilization and curriculum development, and encourage students to make links between theory and practice. McGee (1998) also found that the LPs in her study took a lead in staff development and research-based practice. LP roles are also discussed as having potential for establishing and maintaining evidence-based practice in the clinical

setting because of their skills in the facilitation of research utilization (Newman et al, 2001), and because they are well-placed to disseminate research findings in the clinical area (Harvey et al, 2002).

The LPs in this study did not give a clear discussion of their role in relation to the TPG. This is, on the one hand, perplexing, given the original conception of the role as being specifically about bridging the TPG (Vaughan, 1987; 1989), but on the other hand, not surprising when it is acknowledged how different the role is for LPs at this School compared to its original conception. Vaughan (1987; 1989) envisaged it as a supernumerary one, based primarily in a single clinical setting, with off-unit teaching responsibilities as an additional requirement only when there were no students within the clinical placements. At this School, LPs have extensive responsibilities as module leaders and module teachers, in pre- and post-registration programmes, leading some FGs participants to question whether they are in fact 'cheap lecturers', and to discuss how this teaching role interferes with their clinical-based teaching role with students, adding to their workload pressures. This lack of focus about overcoming the TPG is evident from the literature: although a key rationale for the introduction of the role, Lathlean (1992) found that the LPs in her study did not see overcoming the TPG as a priority, and believed that this was a as a particularly worrying feature of the role at her institution. Elsewhere, the TPG was addressed, but was an aspect of the role that LPs considered for post-registration students more than for pre-registration ones, in their 'link' role, and in curriculum development, rather than in face-to-face clinical contact (McCrea et al, 1998). Similarly, Redwood et al (2002) give an unclear picture of the extent of clinical contact between LPs and students.

Gains for patients are not well discussed in the literature, and this was also the case in this project, probably because the rationale for setting up the roles lacked clarity and systematic evaluation, and gains for patients are thus difficult to illustrate.

FG participants also discussed gains for the university, and these can be summarised as having clinically up-to-date and credible people teaching on modules, and more effective links with the clinical areas. Clinical credibility was mentioned as a motivating factor for LPs, as a personal property, but also emerged as a potential gain for the university. The movement of nurse education away from the NHS and into the higher education sector has had a marked impact on nurse educators' perceptions of their clinical credibility. Many lecturers feel overwhelmed by their HE roles, and the separation of the institutions has lessened their ability to work within clinical areas. (Luker et al, 1995). Clinical credibility and clinical competence were seen as integral to the role of the nurse lecturer (Luker et al, 1995), but barriers such as geography, increased teaching demands, and the academic emphasis of universities make it difficult for full-time lecturers to maintain their clinical skills, with LP roles seen as the solution (Day et al, 1998). The need for clinical credibility in formal teaching comes from maintaining clinical work (Woodrow, 1994a; Fairbrother and Ford, 1998; Shepherd et al, 1999; Redwood et al, 2002). Moving away from it reduces credibility. LPs shared this view in this study, and the findings are thus consistent with a body of literature suggesting that LPs add credibility to educational programmes. They believed that students perceive them to have greater subject expertise than other lecturers because of their continuing presence in practice settings. This view was supported at the meeting with the Head of School, where LPs were encouraged to continue to be at the cutting edge of practice. Authors note positive benefits for students from LPs' close involvement in practice: there was a statistically significant preference amongst students for being taught in the classroom by LPs compared to SLs (Driver and Campbell (2000) and a beneficial impact on students' behaviour, confidence, and communication skills

(McCrea et al, 1998). Furthermore, clinical practice credibility is emphasised as a necessary skill for LPs (Redwood et al, 2002).

Discussion of quantitative findings and synthesis of findings from the two paradigms

The data from the biographical section of the LPWRQS indicate that the LPs at the School are a well-qualified, experienced and mature group of staff, with 86.7% holding graduate or post-graduate qualifications, 80% being qualified in nursing for 15 years or longer (mean 18.1 years), and a mean age of 41 years. This is consistent with Hollingworth's (1997) survey, which also indicated that in England, LPs were senior practitioners, with high levels of qualifications and relevant experience. At this School, the mean length of time in post as an LP was only 2.3 years, reflecting the current employment policy of offering LPs short-term contracts.

As discussed in the previous chapter, LPs at this School were no more stressed than the general population about factors intrinsic to the job, the managerial role, their careers and achievements, the organizational structure and climate, and were as satisfied with their achievement, value and growth, the job itself, the organizational design and structure, organizational processes and personal relationships, according to scores from the OSI subscales. They scored more favourably on two OSI subscales – relationships with other people, and the home/work interface – and were slightly less stressed than the general population in these respects. Regarding burnout, they experienced an average level of emotional exhaustion, and were as emotionally exhausted as other human services workers, had a low level of depersonalisation and exhibited depersonalisation less often than comparable workers, and had an average level of personal accomplishment compared to other human services workers.

Comparing lecturer practitioners' data with norm reference data from the Occupational Stress Indicator and the Maslach Burnout Inventory

It is worth establishing the nature of the comparison between LPs' data and the OSI and MBI norm reference data. For the OSI data, the combined sample norm reference data have been used. This is an amalgamation of data from 22 different studies, from workers in all sections of the working population in the UK. Comparing the LPs' OSI data with this norm reference data is thus culturally valid, and the norm data represent a reasonable approximation of the general population (Cooper et al, 1994). The MBI data, however, are taken from studies of other 'human services workers' (Maslach and Jackson, 1986). Analysis of their characteristics indicates that the 11,000 respondents were workers with similar jobs to LPs (nurses, doctors, social workers and teachers), and so it would seem reasonable to compare the MBI data with the LPs' data. There are two possible cautions to be made about this comparison. The first of these is that the MBI data are derived from American workers, meaning that cultural differences might render the data incomparable. However, this is not the case as the MBI subscales have been found to be stable outside the USA (Schutte et al, 2000). The second caution relates to interpreting the findings. Unlike the OSI data, which is for the general population, the MBI data are from comparable workers. As human services occupations are recognized to be more stressful than others (Anderson et al, 1996), with higher potential for burnout (Yadama and Drake, 1995), this comparison is between workers who might already be more burnt out than the general population. It is not possible, therefore, to assert that LPs are not burnt out compared to the general population, but only their status in relation to a comparable group of workers.

There are two ways of discussing these findings of these comparisons: first, the extent to which the quantitative elements agree, and second, the extent to which they agree or disagree with the qualitative findings. The OSI and MBI subscales are not comparable with each other.

Career and achievement

Regarding the OSI data, LPs were not more stressed by career and achievement, and were also as satisfied with their achievement, value and growth, as the general population. The focus group data similarly indicate that their motivation was high: they discussed how the roles had added to their portfolio of skills, given them new contacts, and contributed much to their personal and professional development. This is in contrast to the low levels of commitment to the organization demonstrated by other workers in higher education institutions, and to the average levels of commitment demonstrated to their organizations by clinical academic staff (Tytherleigh et al, 2002). The findings from the FGs might indicate that LPs should be more satisfied with how their careers were developing than other workers, according to the OSI measures, but this is not the case. However, the questionnaire findings do not indicate that LPs were overly stressed in this respect compared to the general population, and synthesis of data from the two paradigms thus indicates that LPs as a group are broadly pleased with how their careers are developing, that there are aspects of this that they particularly enjoy and value and that motivate them, but that these feelings score no greater than those amongst the general population.

Although Tytherleigh et al (2002) found that HEI employees were particularly stressed about their job security when they were on temporary contracts, the findings from this study could offer support for the continued use of temporary contracts for LPs, as moving on after three years would make it difficult for LPs to become burnt out in the role, meaning that each 'cohort' of appointees is fresh and enthusiastic. In this School, the LP post is widely seen as a staging-post for other jobs, and although their temporary contracts may be unsettling, they are not in a similarly insecure position as other HE employees.

Personal accomplishment

LPs' scores indicated an average level of personal accomplishment compared with other human services workers. As FG participants discussed a high degree of personal motivation, and a high sense of commitment to clients, comparison of this with the MBI data on personal accomplishment might indicate that these LPs should feel a higher sense of personal accomplishment than comparable workers, but this has not been demonstrated here. This finding not is supported by those of Payne (2001), whose similarly experienced hospice nurses had chosen to further their careers in a specialist area, and enjoyed high levels of personal accomplishment. Thus the findings from the FG and the MBI data do not agree. However, they do indicate that LPs are not burnt out in respect to their personal motivation. It may be that as their mean length of time in the post is only 2.3 years, they have not yet had time to become burnt out, but have maintained a strong sense of personal accomplishment in their daily work, and that this is linked with the personal motivation discussed in the FGs. This is consistent with Jones and Johnston's (2000) literature review, which found that burnout was less likely early on in the careers of nurses. Thus, synthesis of data from the two paradigms indicates that LPs get a sense of personal motivation from their daily work with clients, and in the role.

Job satisfaction

The OSI data indicate agreement between LPs' attitudes towards factors intrinsic to the job, and satisfaction with the job itself, and the managerial role, where LPs' scores were comparable with the general population, being no more stressed and as satisfied with these aspects of their roles. As they talked extensively in the FGs about their workload pressures, and the stress and potential burnout they experienced as a result, their lack of role clarity and difficulties meeting the needs of the two organizations, it is surprising to find that their scores on these OSI subscales did not indicate excessive stress or dissatisfaction. Other authors have found that a particular source of stress is the extent of the mismatch between

the expectations of staff and the realities of the job (Jones and Johnston, 2000; Lambert and Lambert, 2001; Edwards and Burnard, 2003). However, the findings from this study are supported by those of other studies, which have found that there are more important stressors for nurses than those related to job satisfaction (Kircaldy and Martin, 2000; Bennett et al, 2001). Again, it is possible that, with a mean length of time in post of 2.3 years, LPs may not have had time to become stressed by aspects of the role, and are still enjoying its relatively new challenges.

Emotional exhaustion

Experienced hospice nurses were found not to be overly emotionally exhausted by their jobs (Payne, 2001), and similarly, LPs were found to be as emotionally exhausted, and experienced an average level of emotional exhaustion, as other human services workers. It might be expected that if they were burnt out by their jobs, as they mentioned in the FG, that they would score highly on this measure. Explanations for this are discussed below.

Relationships and the home/work interface

There is agreement in the OSI data between the subscales on relationships with other people and the home/work interface, where LPs at the School scored slightly lower than the norm reference data. This indicates that they are not overly stressed by work or domestic relationships, but that they were only as satisfied with personal relationships as other human services workers. This is consistent with the picture for workers in higher education institutions, who demonstrated less than average levels of stress related to home-life balance, although clinical academics were more stressed about this issue (Tytherleigh et al, 2003). Other studies have also found that nurses are stressed by aspects of conflict between home and work, that these were not related to gender (Kircaldy and Martin, 2000), that universities and the family are greedy institutions (Edwards, 1993), and that mature female student nurses perceive the practice setting as a third greedy institution

(Kevern, 2002). Similarly, anxiety in nurses is associated with time conflicts between work and home (Bennett et al, 2001). There is also a correlation between workers' ill health and their hours of work, meaning that those who worked the longest experience the worst health, and that the overload of their roles were linked to symptoms of stress (Sparks et al, 1997). However, in this study, the qualitative and quantitative data agree, as there was no general discussion of the impact of the work role on the family or home life by LPs in the FGs. The questionnaire findings are thus supported by the FG data if it is assumed that LPs would have highlighted this aspect of their lives if it had been a significant problem for them. Data from both paradigms thus support the finding that these LPs were less stressed and dissatisfied than the general population regarding relationships with other people, and the home/work interface. It appears, therefore, that whilst they experienced two 'greedy institutions' (Edwards, 1993), in the sense that there were conflicts between the trust and the university demands on their time and identities, they did not experience three greedy institutions (Kevern, 2002), because they did not discuss or report extensively any three-way conflicts involving the formal institutions and their family commitments.

Organizational factors

Organizational structure and climate, satisfaction with organizational structure, and satisfaction with organizational processes all show a consistent picture, in that LPs' were no more stressed, or were as satisfied with these aspects of their role as the general population. This is surprising considering the views expressed in the FGs concerning lack of role clarity, role conflicts, and the lack of appraisal and review of their roles, and also surprising in the light of Kircaldy and Martin's (2000) finding that lack of organizational support was a key determinant in nurses occupational stress. Similarly, lack of managerial support was found by Bennett et al (2001) to be a key element in nurses' job dissatisfaction. The literature confirms their lack of role clarity and role conflicts (Fairbrother and Ford, 1997; Redwood et al, 2002) and the lack of appraisal and review of

their roles (Hemphill et al, 1996; Fairbrother and Ford, 1997; McCrea et al, 1998; Shepherd et al, 1999). Rather than disconfirming the FG findings, synthesis with the questionnaire data gives the interpretation that these LPs' roles do in fact lack role clarity, have role conflicts, and lack effective review, but that this is not an excessive source of stress or dissatisfaction amongst LPs.

Some LPs also commented in the evaluative FG on an apparent lack of leadership, expressing the opinion that they were effectively unmanaged and required leadership. This might also be thought to indicate that they would be stressed or dissatisfied with organizational factors related to their roles. However, it is possible that the views expressed in the evaluative FG do not represent how all LPs' interpret aspects of management and leadership relating to their roles. It is worth noting that the initial administration of the questionnaire took place in March 2001, whilst the evaluative FG took place in November 2001, and there were several newly appointed LPs in this FG, who might have been experiencing the difficulties of interpretation and direction common in the early months of the new role. These findings also possibly reflect the complex matrix management structure in place at time at the School, which was simplified with the introduction of a departmental structure in the summer of 2002.

Depersonalisation

LPs scored lower than other human services workers on the MBI subscale depersonalisation in the questionnaire, indicating that they had a low level of depersonalisation, and exhibited depersonalisation less often than comparable workers. This is a significant finding, as it implies that they behaved in an unfeeling or impersonal manner with their service recipients less often than other human services workers, and were less burnt out in this respect. This is consistent with one of the themes from FG findings in the initial project planning phase, which was that LPs had a good deal of

personal motivation towards the role, and enjoyed it greatly, despite their reports of problems. This is also consistent with Payne's (2001) work with hospice nurses, where she found that these dedicated specialist staff tended to have low levels of depersonalisation.

Thriving rather than just surviving?

The findings from the questionnaire and focus groups also indicate that despite their discussion of problems associated with the role, LPs experienced a phenomenon I have called 'thriving rather than just surviving'. As these LPs were experienced nurses, having been qualified in nursing for a mean 18.1 years, it is likely that they are 'survivors', in the sense that if they were unable to cope with the difficult, stressful or unpleasant aspects of nursing (whether relating to aspects of care delivery, their managerial role, or teaching), they would have sought other work, as these factors are known to have a detrimental impact on the retention of nurses (Jones and Johnston, 2000; Edwards and Burnard, 2003). Thus as a group, it appears that they do experience stress in their roles, but that they have learned to cope with it. This conclusion is supported by the non-significant findings from the LPWRQS. For the OSI data, there were no statistically significant correlations between the experience index and any aspects of the OSI, apart from with satisfaction with the job itself. This means that as LPs gained more experience they did not demonstrate any increased stress or dissatisfaction with most aspects of their roles. This is a surprising finding, given that Kircaldy and Martin (2000) found that older nurses were more likely to exhibit higher job-related stress and poorer mental health than their more junior colleagues. That their finding is different from this study might be explained by my use of an 'experience index', which is an aggregate measure, rather than using LPs' biographical data on age alone, as Kircaldy and Martin did. My use of an index better represents the contribution that each element makes to the whole concept of 'experience', and is likely to be a more valid measure.

There was a statistically significant, moderate positive correlation between the OSI subscale Satisfaction with the job itself and the experience index. Although only a borderline statistically significant finding at p=0.05 (which must be therefore be interpreted cautiously), it is possible that this indicates that as LPs gained more experience, they enjoyed increasing satisfaction with the job itself 'thriving rather than just surviving' in nursing and in the LP role. Although they experienced problems with role clarity, workload pressures and role conflicts, these LPs were able to largely reconcile these issues successfully. That they were only in post as LPs for a mean of 2.3 years suggests that they had not yet had time to become burnt out with the role (Jones and Johnston, 2000). Again, this is consistent with one of the themes from FG findings in the initial project planning phase, which was that LPs had a good deal of personal motivation towards the role, enjoyed it a great deal, and that the problems they experienced initially were surmountable given time and exposure to their new role.

This idea of LPs 'thriving rather than just surviving' is also supported by the finding that there were no significant correlations between LPs' experience index and the MBI subscales emotional exhaustion and depersonalisation. These data indicate that as LPs gained experience, they did not exhibit increased emotional exhaustion and depersonalisation; they were not becoming more burnt out in these respects, and were therefore coping with the demands that their work makes on them. This finding is similar to Payne's (2001) that demographic variables accounted for the smallest percentage of variance in the three MBI subscales. More important is the correlation found between the MBI data and personal accomplishment: LPs at the School demonstrated a statistically significant strong positive correlation, meaning that with increasing experience, they enjoyed a sense of personal accomplishment more often. Again, this is consistent with the FG data indicating that the problems with the role are most acutely felt in the early months after employment, and that they adapted, understood and developed into the role with time.

Although each new cohort of LPs will initially go through a similar uncomfortable stage of discovering and negotiating aspects of their new role for themselves, the difficulties of this transitional period are now acknowledged. The School has adopted the outcomes materials from this project, in the form of induction, joint appraisal and support for LPs, and this should help to deuce the confusion and insecurity in the early phase of employment.

The questionnaire data indicate that there were no statistically significant correlations between LPs' qualifications index and the OSI or the MBI data. This is a surprising finding, because it might be expected that LPs would experience, for example, a greater sense of satisfaction with achievement, value and growth, with the acquisition of relevant qualifications. It is also counter to Koivula et al's (2000) findings that basic education and professional qualifications were key factors in preventing burnout amongst Finnish nurses, and Payne's (2001) finding that professional qualifications were a factor in the variance of the three MBI subscales. It may be the case that LPs have an expectation of obtaining qualifications in their professional lives, and therefore do not attach great significance to this as a factor in their professional development. Qualifications contribute to their career progression, but the post itself was perceived as the exciting and significant development.

Intervention effects?

There were no statistically significant changes in the LPs' paired data before- and after-project in either the OSI or the MBI data. This indicates that the project had no measurable impact on LPs' occupational stress and burnout. This is not consistent with either data from the collaborative group LPs, who's diary entries are clear that they were well supported, or from the evaluative FG, where it was found that several LPs had set up support groups for themselves on two School sites. It is also not consistent with the literature indicating that a group approach to clinical supervision can be supportive and stress relieving (Williamson and Dodds, 1999). Also, although no intervention studies, or

studies with experimental designs are reported in the literature by Lambert and Lambert (2001), Butterworth et al (1997) had some success in reducing nurses' occupational stress and burnout with the introduction of group clinical supervision, it seems reasonable to expect that there would be benefits from using this model in this study. This has not been demonstrated on the quantitative measures.

Lack of agreement?

There are several ways of interpreting these findings and the apparent dissonance between the qualitative and the quantitative elements of this study, in the light of the literature: as mentioned above, it is possible that the OSI and MBI measurement scales are not sophisticated enough to measure the complex concepts that the LPs articulated on paper and verbally, or that LPs were exaggerating in the FGs. The differences between the quantitative and qualitative data for the above subscales are possibly because the OSI and MBI subscales are simply not able to measure what the LPs articulated in the FGs. The reduction of complex emotional concepts into a quantifiable form is a methodological criticism of ratings scales of this type (Bailey and Bhagat, 1995; Adams, 1998). Furthermore, LPs at this School might be articulating in the FGs what they understood conceptually about the role with regard to the pressures of the job 'this job is busy and complex, and it *might* make me stressed'. This appears to be the case with the concept of burnout, which was described as a possibility, rather than a reality. This conclusion is also consistent with the LP literature where burnout is described as a possibility, rather than a reality (Childs, 1995; Elcock, 1998). The literature on LPs' occupational stress is less informative, as Hemphill et al (1996) discuss LP roles as potentially stressful, but Shepherd et al (1999) are more definite, saying that LPs *are* stressed by their role conflicts. However, these studies' findings are dependent on qualitative work, and no studies have attempted previously to quantify these concepts with LPs. It is also possible, therefore, that the FG findings for LPs at this School, and the literature on LP roles, both exhibit a

weakness of the focus group as a means of data collection: the potential for participants to inflate the extent of their troubles (Dingwall, 1977; Black, 1993; Kevern and Webb, 2001). This does not seem an appropriate conclusion in the light of the collaborative group LPs' reflective diary accounts of their workloads, but it may be that these two LPs are unrepresentative of others employed at the School at that time. Therefore it is an appropriate conclusion that these LPs are, in fact, no more stressed, dissatisfied, or emotionally exhausted than other human services workers by these aspects of the LP role itself. They may have discussed concepts related to stress and potential burnout in the focus groups, but this is not supported by the questionnaire findings. No one paradigm's findings are superior to the other's for the purposes of discussion, but it is likely that this is not an excessive source of stress and burnout for these LPs, that the roles are busy and stimulating for most rather than a source of distress, and that they are coping with this.

It is also worth considering that the two administrations of the questionnaire were only one year apart (March 2001 and March 2002), Thus, there might have been insufficient time for the project to have an impact. Also, of the 15 respondents to the initial administration, there were only nine matched pairs in the second administration, indicating that six LPs had left their posts in this time. Therefore it is feasible that the characteristics of LPs who left their posts between March 2001 and March 2002 might have had an impact on the before- and after-project comparisons. It is also possible that only a minority of LPs were actually engaging regularly in the support groups that we had advocated as part of the project, and so most were not benefiting from them.

One omission from the quantitative data collected was the sickness and absence rates of LPs. LPs A and B both had periods of sickness during the project, with B having extended absence, eventually returning to clinical practice. With hindsight, collecting sickness rates for LPs might have been useful, in order to compare these rates with local trust figures, and

national figures for the general working population. This would have added a further depth to the questionnaire data, and a further element of triangulation to the FG findings.

Lastly, assuming that the quantitative measures were valid and reliable, it seems that, as LPs were generally neither more stressed, dissatisfied or burnt out in most aspects of their work roles than comparable workers, it is not surprising that no great gains were demonstrated: had LPs initially shown in the quantitative data that they were excessively stressed, dissatisfied and burnt out, and had there been widespread participation in the newly established support mechanisms, then it might be anticipated that the project would demonstrate reductions in the OSI and the MBI scores. This evidence adds some further support to the idea that in the FGs, there was a tendency for some LPs to inflate their woes, and that as their occupational stress and burnout could not be demonstrated statistically, neither could interventions intended to be of relief. However, neither the quantitative nor the qualitative findings can be assumed to be definitive in the insights they add to this study, and this is why a multi-methods approach has been used to triangulate the findings, to add levels of understanding to the analysis.

Summary

Despite the methodological problems, and the areas of difference between the qualitative and quantitative data, it seems likely that whilst LPs discussed common experiences and feelings about their role in the FGs, for most of them, these are not the cause of extreme stress, dissatisfaction or burnout compared to other human services workers. It is reasonable to conclude that LPs experienced some stress and burnout, particularly in the early months of the post, but that as a group they perceived this as stimulating, and that they coped with it. Indeed, that most of the correlations between the LPs' experience and qualifications indices and the questionnaire data were not statistically significant, and that there were two statistically significant correlations (between the experience index and the

job itself, and personal accomplishment) indicate that LPs at this School are actually 'thriving rather than just surviving'.

The areas discussed in this chapter will now be utilised to draw conclusions and make recommendations, in the following chapter.

CHAPTER 7: CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

This chapter begins by considering the conclusions that can be drawn from this study, and the implications that these have in the specific areas of action research, data collection, LPs nationally, and at this School. I will then make a series of recommendations based on this study, for AR, LPs and the School, and future research.

SECTION 1: CONCLUSIONS

Conclusions regarding action research

Several conclusions can be drawn from this study with regard to AR. The first is that this account has used methods of data collection and analysis that are consistent with the aims of the research. Success in meeting Bradbury and Reason's (2001) five choice-points has been demonstrated. Coghlan and Brannick's (2001) ideas on multiple cycling, discussion of the reflexive nature of the work, securing different views, and how these challenge the work have been addressed, and, as well, the extent of the School's self-study has been appraised and found to be high. Titchen's (1995) view of the need for methodological triangulation has been satisfied, and McNiff et al's (1996) ideas on the need to discuss how new meaning and understanding are produced, and how tacit knowledge is made explicit, have also been illustrated. Therefore, that this account is a rigorous one has been demonstrated from the perspective of the key AR literature discussed in chapter three, and so it can be considered trustworthy and credible. The flexible spiral methodology (McNiff and Whitehead, 2002) was central to providing a structure for the project. The conclusion is, then, that these AR methods provide an appropriate and successful framework for generating change and new knowledge about LP roles, and that this thesis is an example of how organizations can develop the work roles of their employees. This study cannot be

directly generalized to other settings, but it is likely that a similar methodological approach could be used successfully elsewhere.

A second conclusion is that the strategy used in the project was appropriate: our collaborative group approach and working relationships were effective, and although not identical to Titchen and Binnie's (1993a&b), we used a modified collaborative group approach with some similarities to their 'double act'. A and B were fully inside the situation, whilst I was both an insider and an outsider to the role of LP at this School. Our use of reflective diaries to record events, access thoughts and feelings, and disconnect from the immediate emotions of a situation and reflect on them (Coghlan, 1993; Wellard and Bethune, 1996), and these diary extracts illustrate how diaries can be used in AR accounts for reflexivity (Marrow, 1998; Lax and Galvin, 2002). The extent and direction of change was unclear at the outset, as were the political and ethical implications for participants, and this is a feature of AR (Coghlan and Brannick, 2001) which we experienced. However, the School was trusting, and open to self-study, and this was important in our success (Coghlan and Brannick, 2001), as was our 'insider' status (Waterman et al, 2001), and excellent working relationships. These methods should be considered by others seeking to conduct AR in their own organizations, but they should be cautious about the extent to which AR offers ethical protections for themselves, as a result of the political nature of generating change and uncovering new knowledge in their organizations.

Conclusions regarding data collection methods

A major strength of this study is that a multi-methods approach was taken, meaning that the findings from qualitative and quantitative perspectives are triangulated, and depth is added to the analysis. However, there are methodological challenges when interpreting data collected by the methods from both paradigms. The FG data must be critically appraised because of the 'group effects' inherent in the method, in particular, the

possibility that participants were telling atrocity tales and exaggerating effects (Dingwall, 1977; Black, 1993; Kevern and Webb, 2001). The data from the questionnaires also requires critical scrutiny, because of the difficulties in reducing complex concepts to a quantifiable form (Bailey and Bhagat, 1995; Adams, 1995). These methodological challenges have been acknowledged and their impact has been discussed; no finding from each data collection method can be held to give a 'fuller' or 'truer' picture of the attitudes it describes, but instead, both paradigms are used to illuminate LPs' social reality.

Conclusions regarding lecturer practitioners in the United Kingdom

The conclusions in this section relate to the findings from the qualitative methods of data collection: all aspects of the qualitative data resonate with the data from the literature on LP roles discussed in chapter two, and this means that the direction in which the project work developed was consistent with findings from elsewhere. At this School, trusts gained closer links to the education provider; role models in clinical practice, and an influence on the contracting process, and this is consistent with the literature (Lathlean, 1992; Woodrow, 1994a; Elcock, 1998; McCrea et al, 1998; Redwood et al, 2002). The practice areas gained LPs' leadership skills in facilitating research and audit, change management, and a member of staff with links to education. Although no clear picture emerged of LPs' responsibilities with students, or concerning the theory-practice gap at this School, this is also consistent with the literature (Lathlean, 1992; Redwood et al, 2002), and formal teaching interferes with this role. The university gained clinically credible teachers and closer links to the practice areas, and this picture was also found elsewhere (Fairbrother and Ford, 1998; Woodrow et al, 1994a; Redwood et al, 2002). This study also found that LPs experienced role conflicts, lack of role clarity, workloads pressures, lack of review, and preparation and support, and this is similar to other studies (Hemphill et al 1996; Jones, 1996; Fairbrother and Ford, 1997; McCrea et al, 1998; Shepherd et al, 1999; Redwood et al, 2002).

It is reasonable to conclude, then, that that there are common themes involved in being an LP in the United Kingdom. These are that LP roles are busy and pressured, not clearly defined, with role conflicts between the education and service sides of the role; that LPs' primary function does not involve 'bridging the theory-practice gap' for students, but that there are benefits for universities and trusts in the continued existence of the role.

Conclusions regarding lecturer practitioners at this School

The quantitative data on LPs occupational stress and burnout measures these concepts in the first such work in the UK, also illuminating the conclusions from the qualitative elements of data collection. The sampling method, and the methods of statistical analysis do not lend themselves to generalizability to the larger population of LPs nationally, because they do not rely on the assumption of random sampling, but they are valid for these LPs.

If the workload pressures, lack of role clarity, role conflicts, and lack of preparation and support were important issues for LPs at this School in terms of their occupational stress and burnout (as they discussed at the FGs), it might be expected that they would report more occupational stress and dissatisfaction on the OSI subscales, and more burnout on the MBI subscales, than other human services workers. However, this study has found that LPs at this School are no more stressed or dissatisfied with their roles than the general population and no more burnt out than other human services workers. LPs at this School compared favourably to the general population in several respects: in the OSI subscales relationships with other people, and the home/work interface, they were slightly less stressed than the general population. In the MBI subscales depersonalisation and personal accomplishment, LPs had a lower level of depersonalisation, exhibiting depersonalisation less often than other human services workers. They do experience stress and burnout, but as a group, they seem able to deal with it.

Thus, whilst there appears to be some exaggeration of effects in the FG data, and some reductionism in the quantitative data, LPs were discussing common experiences and feelings about their role, and whilst these effects are very real, for most they were not the cause of excessive stress, dissatisfaction or burnout compared to other human services workers, although there might be the potential for serious harm to post-holders. This is consistent with the literature indicating that LPs are *potentially* at risk of stress and burnout, rather than actually experiencing it (Childs, 1995; Hemphill et al, 1996; Elcock, 1998). Although workers in HEIs were stressed about their job security because of temporary contracts (Tytherleigh et al, 2002), the findings from this study indicate that there is likely to be some benefit in the continued use of temporary contracts to ensure LPs are not damaged by the roles, and imperative that they receive appropriate joint appraisal, induction and support whilst in the post, allowing them to benefit fully from the personal and professional development opportunities available in the LP post before moving on.

More important than comparisons with other workers are the correlations between the LPs' experience and qualifications indices. The correlations' testing was non-significant, apart from two statistically significant positive correlations (between the LPs' experience index, and the job itself, and personal accomplishment). These findings appear appropriate given the findings from the initial project development FGs and the evaluative FG about how much LPs enjoyed the role, how high their personal motivation was, and the extent to which they were able to reconcile the difficulties they experienced after several months in the role. Thus it is appropriate to conclude that despite experiencing difficulties with their roles, LPs at this School are 'thriving rather than just surviving'.

The outcomes of this project were the development of joint appraisal, induction and support for LPs, and this included policies and documentation that were accepted by the School. This approach has been mirrored elsewhere, based on similar findings of role

conflicts, lack of role clarity, workloads pressures, lack of review, and preparation and support for LPs (Hemphill et al 1996; Jones, 1996; Fairbrother and Ford, 1997; McCrea et al, 1998; Shepherd et al, 1999; Redwood et al, 2002). Changes were made to School employment practice as a result. The collaborative group discussions, and the series of meetings indicating the direction in which the project work developed are consistent with the findings from the FGs in the initial project development work, and the developments we implemented evaluated well at the evaluative FG.

The insights into LP roles generated in this project include the context-specific finding of an extremely high personal motivation, and that personal and professional development were central for them in taking on the role, and in setting it up for the School and trusts. Thus it is appropriate to conclude that there is an implicit unity in the role including the aspects mentioned and teaching and practising.

SECTION 2: RECOMMENDATIONS

The conclusions above lead to the following recommendations. These are discussed under the headings of action research, LPs nationally, this School, and future research.

Recommendations for action research

- Action researchers in their own organization need to consider the potential career consequences of their work, which is a political activity, and that as a result, there are not the same ethical protections for participants as for 'traditional' research approaches.
- For participants, informed consent is problematic, as neither researcher nor participants knows the direction in which the study will develop. Informed consent is thus taken to exist from the initial agreement, but should be continually monitored. Ethical codes are unlikely to be useful in AR, and a more important

concept in the design of future AR studies in nursing is that of shared professional morality for guiding the behaviour of participants.

- The right to withdraw from AR studies is particularly problematic ethically, as participants may be unwilling or unable to leave their jobs. Action researchers should not coerce or force continued participation, regardless of the potential gains, as this destroys the ethos of willing collaboration on which AR depends.
- Participants in AR should be aware that there is greater potential for identification involved in an AR project than in other research approaches, and that they might require protection from harm. Although a fully collaborative approach to the AR should ensure that accounts are shared work, it is also legitimate for researchers to shield participants from harm wherever possible.
- AR is recommended as a collaborative methodology that can generate change in organizations and new knowledge about work roles within them. This approach is recommended to others in similar settings seeking to change organizational practice.
- A spiral AR methodological framework, with a collaborative group approach, and 'insider' status can be effective in generating change and new knowledge.

Recommendations for lecturer practitioners in the United Kingdom

- As LP roles are busy and pressured, not clearly defined, and with role conflicts between the education and service sides of the role, a recommendation in the employment of LPs is that objectives are agreed at the earliest opportunity between university and trust representatives, and LPs.
- After establishing the post, six-monthly review of the development of the role is recommended, at which the LP, and their university and trust managers should be present. The documentation (see appendix 3) developed for this project could be used for this purpose.

- Special procedures for the induction and orientation of LPs are recommended. The document developed for this project could be used as a template to develop materials for other institutions (available on-line at www.ihs.plymouth.ac.uk/~grwillia). There should also be a designated mentor for LPs.
- LP roles are unique, and as a result, LPs are likely to require a different level of support from their organizations, and peer support. A group approach to this might be beneficial, particularly where personnel are familiar with a clinical supervision model. It is recommended that LPs receive managerial support for this and ring-fenced time in which to discuss their roles with others. The notes on LPs' support developed as part of this project (see appendix 3) may be helpful for staff elsewhere. Institutions should set up structures to support LPs, and allow LPs to run these themselves.
- It would seem that, nationally, 'bridging the theory-practice gap' for students is problematic. However, as universities, trusts, and students benefit from the LP role, it is recommended that universities and trusts continue with them. LPs are likely to be useful as part of a network of 'links' between education and practice settings. This network might include consultant nurses, LPs, practice educators, 'link' lecturers, senior lecturers engaging in clinical practice, and 'practice sabbaticals' for established university teachers.

Recommendations for future research

- As there has now been extensive in-depth evaluation of LP roles in the UK, it would be useful to establish a measure that could be used as a survey instrument to evaluate the characteristics, effectiveness and impact of LPs. This could include data from patients, students, and university and trust managers, and LPs.

- As there has been little evaluative data collected from patients, more information is needed on the impact that LPs have on patient care. This could take the form of data on outcomes, and the culture of the clinical area.
- This study is the first to examine the issue of LPs' occupational stress and burnout with previously validated measures. A national survey of these issues should be undertaken, to measure these concepts amongst LPs, using the instrument from this study, or similar validated tools.
- As this study is the first attempting to address and improve LPs' occupational stress and burnout, if the findings of the national survey suggested above indicate that intervention is required, this should be undertaken.

Recommendations for this School

- It should be recognized that LPs are most valuable for this School. They contribute as clinically credible teachers, in formal and informal link roles, and in curriculum design at a variety of levels. However, the teaching role detracts from their role in the clinical setting, and it is not realistic to expect them to bridge the TPG in any systematic manner, particularly with rising student numbers and falling numbers of LPs. Instead, each individual LP needs this aspect of their role to be addressed, and these expectations made clear. The establishment of the practice educator role, with its focus on the support of pre-registration students in practice, gives the opportunity for LPs to focus specifically on post-registration students in their clinical areas, and on associated module delivery responsibilities. A trust training role also seems to benefit LPs, and this should be considered at appointment.
- LP roles should be seen as developmental opportunities for staff to be seconded to from local trusts, to gain a range of skills before moving into other posts. As this is likely to be unsettling for LPs, it is imperative that they receive appropriate induction, joint review and support, as indicated by this project.

- The Heads of Departments have a crucial leadership role in relation to LPs. The new Departmental structure means that the Heads of Departments are directly responsible for all aspects of the LP role, from initial conception and recruitment, to development and evaluation of the role. The Heads should make sure that they or appropriate nominees from their Departments continue to conduct joint appraisal, effective induction, and facilitate group support, using the materials developed in this project. They should also make sure that mentors are identified for LPs.
- As the Learning and Teaching in Higher Education course is likely to be helpful, LPs should be made aware of this, and places reserved for newly appointed staff.

APPENDICES

APPENDIX 1: LECTURER PRACTITIONER WORK ROLES QUESTIONNAIRE

SURVEY

INTRODUCTION

This questionnaire consists of three sections. Together, these questions are designed to give us information about your work roles and their impact on you. When answering, think about the LP role as a whole, rather than one aspect of it (teaching or practicing).

Please rest assured that the answers you give are anonymous, confidential and voluntary – no one will be able to identify you from the answers you give in this questionnaire. The data will be used to generate an aggregate score for the measures, and this quantitative data will be used alongside data from a series of qualitative focus groups.

SECTION 1

BIOGRAPHICAL DETAILS

Your qualifications (clinical and academic; completed or currently undertaken)
Your clinical area(s)
The length of time you have been qualified (in years)
The length of time you have worked as an LP (in years)
Your age (in years)
Your gender
The trust in which you work

SECTION 2

INSTRUCTIONS
This section of the questionnaire consists of a series of questions where you are asked to mark a response that comes closest to how you feel about it.

We would like you to...
Answer all the questions
Give your first answer; be accurate and honest!
Work quickly and efficiently through the questionnaire
Base your answers on how you have felt *during the last three months*
If you make a mistake, cross it out and make a new answer
Check each section to ensure that you have answered all the items

Sample question
1 = very much dissatisfaction
2 = much dissatisfaction
3 = some dissatisfaction
4 = some satisfaction
5 = much satisfaction
6 = very much satisfaction

"Are you satisfied with the level of job security in your present job?" 1 2 3 4 5 6

Circle the number 6 means that you are very much satisfied with the security your present job offers. When you circle a 1 this means that you are very much dissatisfied with this aspect of your job.

How you feel about your job

This section of the questionnaire is concerned with the extent to which you feel satisfied or dissatisfied with your job. Please use the scale below to answer each question by circling the relevant number.

1 = very much dissatisfaction
2 = much dissatisfaction
3 = some dissatisfaction
4 = some satisfaction
5 = much satisfaction
6 = very much satisfaction

1. Communication and the way information flows around your organization	1 2 3 4 5 6
2. The relationships you have with other people at work	1 2 3 4 5 6
3. The feeling that you and your efforts are valued	1 2 3 4 5 6
4. The actual job itself	1 2 3 4 5 6

1 = very much dissatisfaction
2 = much dissatisfaction
3 = some dissatisfaction
4 = some satisfaction
5 = much satisfaction
6 = very much satisfaction

5. The degree to which you feel 'motivated' by your job 1 2 3 4 5 6
6. Current career opportunities 1 2 3 4 5 6
7. The level of job security on your present job 1 2 3 4 5 6
8. The extent to which you may identify with the public image or goals of your organization
1 2 3 4 5 6
9. The style of supervision that your superiors use 1 2 3 4 5 6
10. The way changes and innovations are implemented 1 2 3 4 5 6
11. The kind of work or tasks you are required to perform 1 2 3 4 5 6
12. The degree to which you can personally develop or grow in your job
1 2 3 4 5 6
13. The way in which conflicts are resolved in your company 1 2 3 4 5 6
14. The scope your job provides to help you achieve your aspirations and ambitions
1 2 3 4 5 6
15. The amount of participation which you are given in important decision making
1 2 3 4 5 6
16. The degree to which your job taps the range of skills which you feel you possess
1 2 3 4 5 6
17. The amount of flexibility and freedom which you have in your job 1 2 3 4 5 6
18. The psychological 'feel' or climate that dominates your organization
1 2 3 4 5 6
19. Your level of salary relative to your experience 1 2 3 4 5 6
20. The design or shape of your organization's structure 1 2 3 4 5 6
21. The amount of work you are given to do 1 2 3 4 5 6
22. The degree to which you feel extended in your job 1 2 3 4 5 6

Thank you for completing this section of the questionnaire.
Please continue with the next sections

Sources of pressure in your job

INSTRUCTIONS

Almost anything can be a source of pressure (to someone) at a given time, and individuals perceive potential sources of pressure differently. The person who says they are 'under a tremendous amount of pressure at work at the moment' usually means that they have too much work to do. But that is only half the picture.

The items below are all potential sources of pressure. You are required to rate them in terms of the degree of pressure you perceive each may place on you.

Please use the scale below to answer each question by circling the relevant number.

1 = very definitely is not a source
2 = definitely is not a source
3 = generally is not a source
4 = generally is a source
5 = definitely is a source
6 = very definitely is a source

1. Having far too much work to do	1	2	3	4	5	6
2. Lack of power and influence	1	2	3	4	5	6
3. Overpromotion – being promoted beyond my level of ability	1	2	3	4	5	6
4. Not having enough work to do	1	2	3	4	5	6
5. Managing or supervising the work of other people	1	2	3	4	5	6
6. Coping with office politics	1	2	3	4	5	6
7. Taking my work home	1	2	3	4	5	6
8. Rate of pay (including perks and fringe benefits)	1	2	3	4	5	6
9. Personal beliefs conflicting with those of the organization	1	2	3	4	5	6
10. Underpromotion – working at a level below my ability	1	2	3	4	5	6
11. Inadequate guidance and back up from superiors	1	2	3	4	5	6
12. Lack of consultation and communication	1	2	3	4	5	6
13. Not being able to 'switch off' at home	1	2	3	4	5	6
14. Keeping up with new techniques, ideas, technology or innovations or new challenges	1	2	3	4	5	6
15. Ambiguity in the nature of job role	1	2	3	4	5	6
16. Inadequate or poor quality training/management development	1	2	3	4	5	6
17. Attending meetings	1	2	3	4	5	6
18. Lack of social support by people at work	1	2	3	4	5	6
19. My spouse's attitude towards my job and career	1	2	3	4	5	6
20. Having to work very long hours	1	2	3	4	5	6

1 = very definitely is not a source
2 = definitely is not a source
3 = generally is not a source
4 = generally is a source
5 = definitely is a source
6 = very definitely is a source

21. Conflicting job tasks and demands in the role I play	1	2	3	4	5	6
22. Covert discrimination and favouritism	1	2	3	4	5	6
23. Mundane administrative tasks or 'paperwork'	1	2	3	4	5	6
24. Inability to delegate	1	2	3	4	5	6
25. Threat of impending redundancy or early retirement	1	2	3	4	5	6
26. Feeling isolated	1	2	3	4	5	6
27. A lack of encouragement from superiors	1	2	3	4	5	6
28. Staff shortages and unsettling turnover rates	1	2	3	4	5	6
29. Demands my work makes on my relationship with my spouse/children	1	2	3	4	5	6
30. Being undervalued	1	2	3	4	5	6
31. Having to take risks	1	2	3	4	5	6
32. Changing jobs to progress with career	1	2	3	4	5	6
33. Too much or too little variety in work	1	2	3	4	5	6
34. Working with those of the opposite sex	1	2	3	4	5	6
35. Inadequate feedback about my own performance	1	2	3	4	5	6
36. Business travel and having to live in hotels	1	2	3	4	5	6
37. Misuse of time by other people	1	2	3	4	5	6
38. Simply being seen as a boss	1	2	3	4	5	6
39. Unclear promotion prospects	1	2	3	4	5	6
40. The accumulative effects of minor tasks	1	2	3	4	5	6
41. Absence of emotional support from others outside work	1	2	3	4	5	6
42. Insufficient finances or resources to work with	1	2	3	4	5	6
43. Demands that work makes on my private/social life	1	2	3	4	5	6
44. Changes in the way you are asked to do your job	1	2	3	4	5	6
45. Simply being 'visible' or 'available'	1	2	3	4	5	6
46. Lack of practical support from those outside work	1	2	3	4	5	6
47. Factors not under your direct control	1	2	3	4	5	6
48. Sharing of work and responsibility evenly	1	2	3	4	5	6
49. Home life with a partner who is pursuing a career	1	2	3	4	5	6

1 = very definitely is not a source
2 = definitely is not a source
3 = generally is not a source
4 = generally is a source
5 = definitely is a source
6 = very definitely is a source

50. Dealing with ambiguous or 'delicate' situations	1	2	3	4	5	6
51. Having to adopt a negative role (such as sacking someone)	1	2	3	4	5	6
52. An absence of any potential career advancement	1	2	3	4	5	6
53. Morale and organizational climate	1	2	3	4	5	6
54. Attaining your own personal levels of performance	1	2	3	4	5	6
55. Making important decisions	1	2	3	4	5	6
56. 'Personality' clashes with others	1	2	3	4	5	6
57. Implications of mistakes you make	1	2	3	4	5	6
58. Opportunities for personal development	1	2	3	4	5	6
59. Absence of stability or dependability in home life	1	2	3	4	5	6
60. Pursuing a career at the expense of a home life	1	2	3	4	5	6
61. Characteristics of the organization's structure and design	1	2	3	4	5	6

Thank you very much for completing this section of the questionnaire.
Please move on to section 3.

SECTION 3

INSTRUCTIONS

The purpose of this survey is to discover how you view your job and the people with whom you work closely. It has been designed for a variety of workers in the 'helping professions', and uses the term 'recipients' to refer to the people for whom you provide a service, care, treatment or instruction/teaching.

On the following pages there are 22 statements about job-related feelings. Please read the statement carefully and decide if you ever feel this way about your job. If you have *never* had this feeling, write a '0' (zero) before this statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

EXAMPLE:

HOW OFTEN:

0	1	2	3	4	5	6
Never	A few times a year	Once a month or less	A few times a month	Once a week	A few times a week	Every day

HOW OFTEN 0-6	Statement
_____	I feel depressed at work

If you have never felt depressed at work, you would write the number '0' (zero) under the heading 'HOW OFTEN'. If you rarely feel depressed at work, (a few times a year or less), you would write the number 1, and so on.

HOW OFTEN:

0	1	2	3	4	5	6
Never	A few times a year	Once a month or less	A few times a month	Once a week	A few times a week	Every day

HOW OFTEN 0-6	Statements:
1. _____	I feel emotionally drained from my work
2. _____	I feel used up at the end of the work day
3. _____	I feel fatigued when I get up in the morning and have to face another day on the job

HOW OFTEN:

0	1	2	3	4	5	6
Never	A few times a year	Once a month or less	A few times a month	Once a week	A few times a week	Every day

4. _____ I can easily understand how my recipients feel about things

5. _____ I feel I treat some recipients as if they were impersonal objects

6. _____ Working with people all day is really a strain for me

7. _____ I deal very effectively with the problems of my recipients

8. _____ I feel burned out from my work

9. _____ I feel I'm positively influencing other people's lives through my work

10. _____ I've become more callous towards people since I took this job

11. _____ I worry that this job is hardening me emotionally

12. _____ I feel very energetic

13. _____ I feel frustrated by my job

14. _____ I feel I'm working too hard on my job

15. _____ I don't really care what happens to some recipients

16. _____ Working with people directly put too much stress on me

17. _____ I can easily create a relaxed atmosphere with my recipients

18. _____ I feel exhilarated after working closely with my recipients

19. _____ I have accomplished many worthwhile things in this job

20. _____ I feel I'm at the end of my rope

21. _____ In my work, I deal with emotional problems very calmly

22. _____ I feel my recipients blame me for some of their problems

Thank you very much for taking the time to complete this questionnaire.
Please return it in the envelope provided.

APPENDIX 2: SUGGESTED FORMAT FOR LPS' REFLECTIVE DIARIES

Date:

Event:

Name:

- **Description (key points)**

- **Thoughts and feelings**

- **Reflection**

- **Action plan/ other comments**

APPENDIX 3: FINAL OUTCOMES MATERIALS

Note: The induction and orientation materials are not presented here, as they contain numerous references to university sites and personnel, and the publication of this material would breach individuals' confidentiality without adding to this account. A copy for inspection can be obtained if required (or downloaded from www.ihs.plymouth.ac.uk/~grwillia). The Format for Joint Appraisal, presented below, has been fully anonymised.

SECTION 1: FORMAT FOR JOINT APPRAISAL

[University and faculty name and logo]

Format for Joint Appraisal/IPR for Lecturer Practitioner (LP) Roles

SEPTEMBER 2002

INTRODUCTION

- Joint appraisal/individual performance review (IPR) meetings are essential in providing clarity in LP roles, which are often complex. LP roles are frequently made difficult because post-holders work between two different organizations. They may consequently lack regular joint review of workloads and priorities by managers in the university and trusts. It is recommended that university and trust managers, and LPs, meet together at least six monthly for joint appraisal/IPR, so that LPs' workloads and priorities are constantly re-negotiated.

- The purpose of this document is to provide a joint format to be used in these joint appraisal/IPR meetings between LPs, university, and trust managers. It should replace the separate joint appraisal/IPR formats used by the university and trusts, but is to be conducted according to the policies and procedures agreed locally by the university, and trusts.

- This format should be used alongside the established job descriptions agreed between post-holders, and university, and trust managers, and the Review Notes for Joint Appraisal (attached). This document sets out the core elements required for effectiveness in LP roles, and their core functions.

This document is SENDA compliant. If further materials are required (other fonts; large print; Braille) please contact Graham R Williamson.

CONFIDENTIAL TO LP, UNIVERSITY MANAGER AND TRUST MANAGER

LP's Name:.....

Job title:.....

Location: Trust:.....

University site:.....

University Manager:.....

Trust Manager/supervisor:.....

Dates agreed for future joint appraisal/IPR meetings:

1st.....2nd.....

3rd.....4th.....

CURRENT PERFORMANCE AND WORKLOAD

- Please list the key functions of your job

- Please list the key components of your workload

- What aspects of your job went well since the last joint appraisal/IPR meeting (did you achieve objectives set at the last joint appraisal/IPR meeting)?

- What aspects of your job went less well since the last joint appraisal/IPR meeting (what factors, if any, prevented you from achieving the objectives set at the last joint appraisal/IPR meeting)?

FUTURE DEVELOPMENTS AND CHALLENGES

- What changes or developments to your job do you see on the horizon (short or long term)?

- What personal challenges do these developments bring?

- What professional challenges do these developments bring?

- What training/educational needs can you identify?

OBJECTIVE SETTING

- What personal and professional objectives would you like to set? (Please identify the time scale involved).
  1. Personal

1. Professional

- What are the likely personal, professional and organizational benefits from your objectives?

- What are the necessary resources?

COMMENTS

LP'S COMMENTS:

Name:.....

Signed:.....

Date:.....

TRUST MANAGER'S/SUPERVISOR'S COMMENTS:

Name:.....

Signed:.....

Date:.....

UNIVERSITY MANAGER'S COMMENTS:

Name:.....

Signed:.....

Date:.....

SUMMARY OF DISCUSSION AREAS (IF REQUIRED)

Name:.....

Signed:.....

Date:.....

REVIEW NOTES FOR JOINT APPRAISAL/IPR FOR LECTURER PRACTITIONER (LP) ROLES WITH LINKS TO [University name]

- The purpose of this document is to simplify what are often complex job description documents, to offer a clearer picture for LPs of the core elements required for the post-holder to be effective in their roles, and the core functions of their jobs which cross university and trust boundaries.

- These notes are for joint appraisal/IPR purposes at joint meetings between trust managers, university managers and LPs themselves. They do not replace the established job descriptions agreed between post-holders and trust, and university managers, but rather set out core functions of the roles. If required, elements can be deleted or amended, and there is space to add individual requirements, or points of clarification.

CORE ELEMENTS FOR EFFECTIVE LPS

- Clinical competence and credibility
- Teaching skills, and a trust educational role
- Good communication and interpersonal skills
- Flexibility (from the university and trusts as well as the LP) and good time management

CORE FUNCTIONS

1. MANAGEMENT FUNCTIONS

- To participate in the clinical and operational management of the NHS trust clinical area at a level appropriate to seniority and experience. This will include the maintenance of standards of care and safe clinical practice
- To attend meetings and participate in the academic and quality management procedures of the university
-
-

2. EDUCATIONAL FUNCTIONS

- To act as an educational resource for qualified and unqualified nursing staff in the clinical area
- To teach on pre- and post-registration programmes of study at the university in a speciality appropriate to qualifications and experience.
- To act as a personal tutor to pre- and post-registration students of nursing.
- To be involved in curriculum and programme development in the university
-

3. CLINICAL

- To engage in practice in the clinical area appropriate to qualifications and experience
- To act in a clinical leadership capacity in the clinical area, offering specialist nursing advice to the clinical team
-

-

4. RESEARCH

- To disseminate research findings and promote evidence-based nursing practice in the clinical area
- To undertake research projects or scholarly activities contributing to the local standing of the university, publish in refereed scholarly journals, and contribute to the university's Research Assessment Exercise activities.
-

-

5. LIAISON

- To contribute to the exchange of ideas between the university and trusts both formally through curriculum and programme development and attendance at meetings, and informally through interpersonal communications
-

-

Please sign and date only if any amendments are made

1. Name:.....
Job title:.....Date.....

2. Name:.....
Job title.....Date.....

3. Name:.....
Job title.....Date.....

SECTION 2: NOTES ON SUPPORT FOR LPS AND OTHER 'JOINT APPOINTMENTS'

LPs and other 'joint appointments' are actively encouraged to seek locally based support soon after appointment. There might by people in similar positions already meeting on your local site, and you should try to attend these meetings. Such meetings are not intended to inform your formal appraisal or probation, but as a forum for mutual discussion and support. Meetings could take any form you choose, but previously, LPs have found group-based Clinical Supervision models to be helpful as a guide for their discussions. The notes below are an outline of a format used by others successfully.

Ground rules drawn up at first meeting on 30th August 2000

- Confidentiality must be maintained
- Supportive of problems and successes
- Everyone has a voice
- Looking at role/support for role
- Use the group as an initial focus group for the diversity of roles
- Initially use this group for professional and practice issues
- Decide as a group what will be discussed in a session, put ideas on a flip chart and agree which issues to explore at the time
- Meet for two hours bimonthly
- Need to be punctual
- Ensure that we help each other to value the group/keep the time sacrosanct

Revised contract - 14th April 2001

The aim of out LP supervision group is to provide a forum for support and role development.

We hope to achieve this through problem solving, utilising the group's strengths and abilities.

Ground rules

- Confidentiality must be maintained
- Supportive of problems and successes
- Everyone has a voice
- Looking at role/support for role
- Use the group to discuss professional and clinical issues that relate or overlap into the LP role
- Decide as a group what will be discussed in a session and explore these issues
- Meet for two hours bimonthly
- Need to be punctual
- Ensure that we help each other to value the group / keep the times sacrosanct
- Inspiring each other

APPENDIX 4: FURTHER STATISTICAL DATA

SECTION 1: LECTURER PRACTITIONERS' BIOGRAPHICAL DATA

Qualification	Frequency	Percent
Pre-reg cert (i.e. RGN, RSCN)	5	33.3
Pre-reg diploma (i.e. Dip HE Nursing)	4	26.7
ENB post-reg	3	20.0
BSc Nursing (or equivalent)	3	20.0
Total	15	100.0

Table 8.1: clinical qualifications (completed or currently undertaking)

Qualification	Frequency	Percent
Diploma (i.e. DipMS, Health Studies)	2	13.3
Degree	10	66.7
Masters/Med	3	20.0
Total	15	100.0

Table 8.2: academic qualifications

Clinical area (specialty)	Frequency	Percent
Adult nursing	3	20.0
Mental health nursing	3	20.0
Learning disability nursing	1	6.7
Children's nursing	8	53.3
Total	15	100.0

Table 8.3: clinical areas

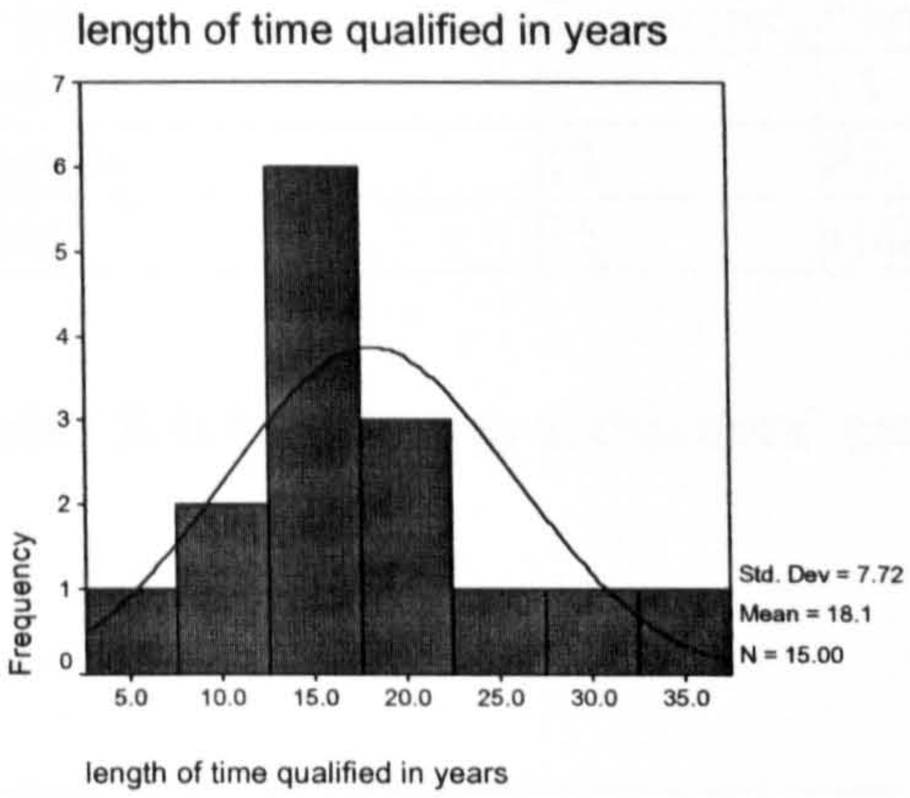

Figure 8.1: length of time qualified in nursing

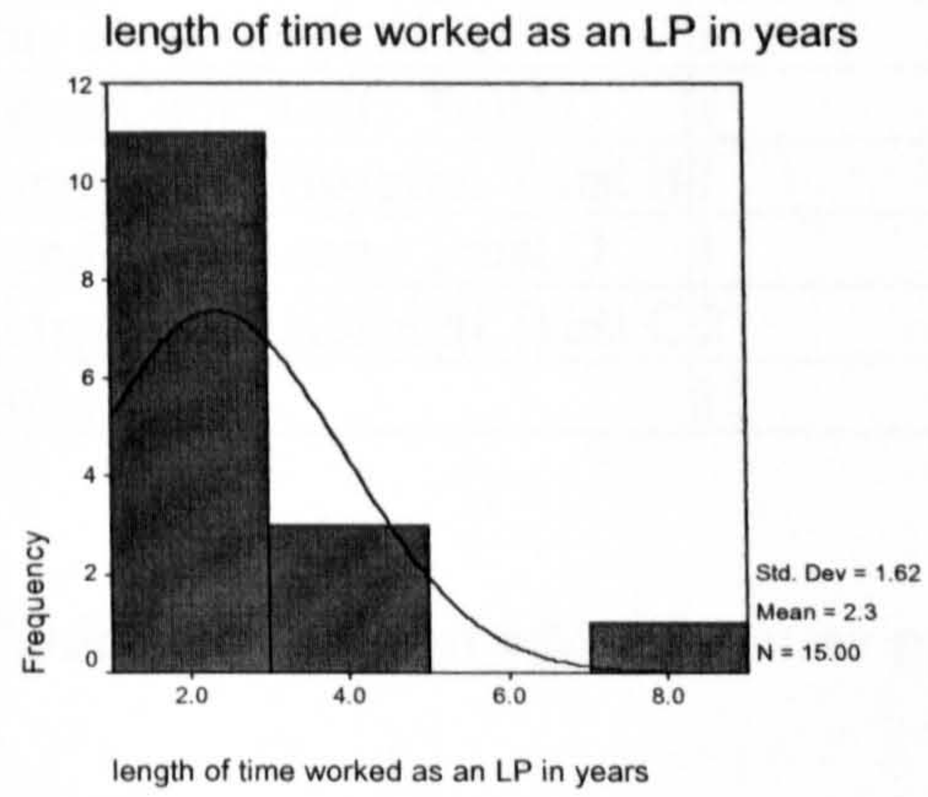

Figure 8.2: length of time as a lecturer practitioner

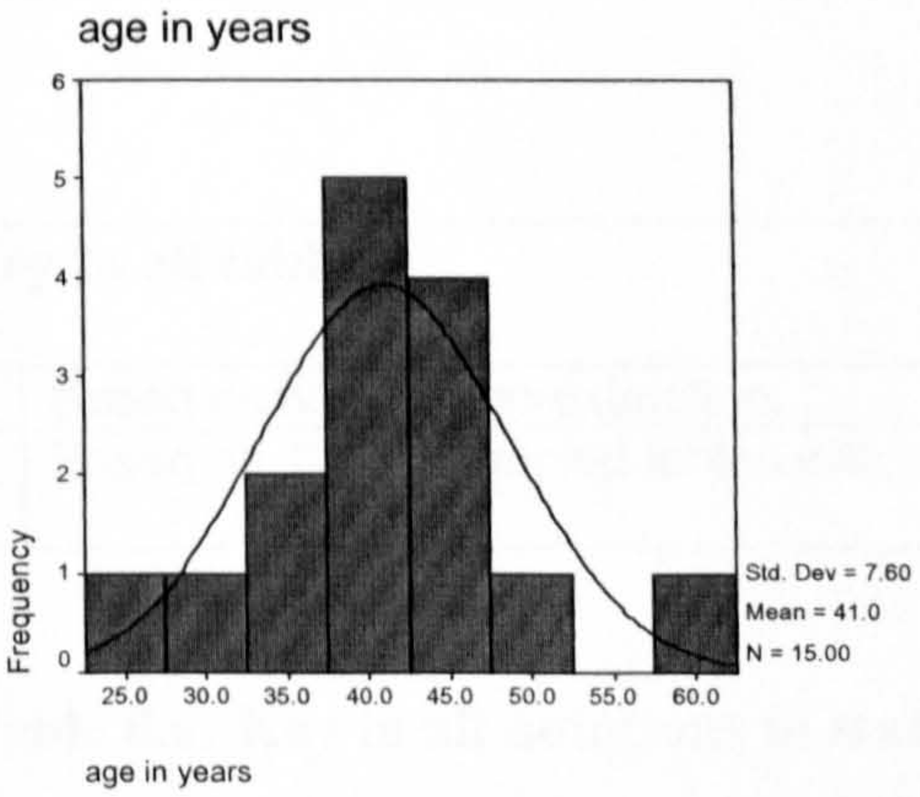

Figure 8.3: lecturer practitioners' ages in years

Gender	Frequency	Percent
Male	2	13
Female	13	87
Total	15	100.0

Table 8.4: Lecturer practitioners' genders

Trusts in which LPs work	Frequency	Percent
Rural Community Trust A	1	6.7
Rural Community Trust B	1	6.7
District Hospital A	1	6.7
City Primary Care Trust A	3	20.0
Large Town Hospital Trust A	1	6.7
City Hospital Trust A	3	20.0
Rural Community Trust C	1	6.7
Large Town Hospital Trust B	1	6.7
Rural Community Trust D	1	6.7
Large Town Hospital Trust C	2	13.3
Total	15	100.0

Table 8.5: Trusts at which lecturer practitioners worked clinically

SECTION 2: INFERENTIAL STATISTICS

Correlations between lecturer practitioners' biographical data and aspects of their stress and burnout

Key to all tables	
*	Based on normal approximation.
**	Based on 10000 sampled tables with starting seed 1291153757.

Table 8.6: Key to all notations in statistical tables

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.477	.072*	.080**
	N = 15		

Table 8.7: Correlation between experience index and Occupational Stress Indicator subscale 1: factors intrinsic to the job

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.253	.362*	.366**
	N = 15		

Table 8.8: Correlation between experience index and Occupational Stress Indicator subscale 2: the managerial role

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.218	.436*	.437**
	N = 15		

Table 8.9: Correlation between experience index and Occupational Stress Indicator subscale 3: relationships with other people

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.084	.765*	.773**
	N = 15		

Table 8.10: Correlation between experience index and Occupational Stress Indicator subscale 4: career and achievement

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.213	.446*	.450**
	N = 15		

Table 8.11: Correlation between experience index and Occupational Stress Indicator subscale 5: organizational structure and climate

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.030	.914*	.915**
	N = 15		

Table 8.12: Correlation between experience index and Occupational Stress Indicator subscale 6: the home/work interface

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.122	.664*	.667**
	N = 15		

Table 8.13: Correlation between experience index and Occupational Stress Indicator subscale 7: satisfaction with achievement, value and growth

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.080	.777*	.781**
	N = 15		

Table 8.14: Correlation between experience index and Occupational Stress Indicator subscale 9: satisfaction with organizational design and structure

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.143	.610*	.613**
	N = 15		

Table 8.15: Correlation between experience index and Occupational Stress Indicator subscale 10: satisfaction with organizational processes

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.023	.936*	.937**
	N = 15		

Table 8.16: Correlation between experience index and Occupational Stress Indicator subscale 11: satisfaction with personal relationships

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.227	.416*	.421**
	N = 15		

Table 8.17: Correlation between experience index and Maslach Burnout Inventory subscale 1: emotional exhaustion

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.407	.132*	.138**
	N = 15		

Table 8.18: Correlation between experience index and Maslach Burnout Inventory subscale 2: depersonalisation

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.090	.751*	.754**
	N = 15		

Table 8.19: Correlation between qualifications index and OSI subscale 1: factors intrinsic to the job

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.059	.835*	.840**
	N = 15		

Table 8.20: Correlation between qualifications index and Occupational Stress Indicator subscale 2: the managerial role

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.121	.667*	.667**
	N = 15		

Table 8.21: Correlation between qualifications index and Occupational Stress Indicator subscale 3: relationships with other people

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.107	.704*	.705**
	N = 15		

Table 8.22: Correlation between qualifications index and Occupational Stress Indicator subscale 4: career and achievement

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.225	.421*	.421**
	N = 15		

Table 8.23: Correlation between qualifications index and Occupational Stress Indicator subscale 5: organizational structure and climate

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.165	.557*	.552**
	N = 15		

Table 8.24: Correlation between qualifications index and Occupational Stress Indicator subscale 6: the home/work interface

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.171	.542*	.539**
	N = 15		

Table 8.25: Correlation between qualifications index and Occupational Stress Indicator subscale 7: satisfaction with achievement, value and growth

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.107	.704*	.707**
	N = 15		

Table 8.26: Correlation between qualifications index and Occupational Stress Indicator subscale 8: satisfaction with the job itself

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.043	.879*	.886**
	N = 15		

Table 8.27: Correlation between qualifications index and Occupational Stress Indicator subscale 9: satisfaction with organizational design and structure

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.240	.390*	.393**
	N = 15		

Table 8.28: Correlation between qualifications index and Occupational Stress Indicator subscale 10: satisfaction with organizational processes

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.206	.462*	.461**
	N = 15		

Table 8.29: Correlation between qualifications index and Occupational Stress Indicator subscale 11: satisfaction with personal relationships

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.082	.772*	.773**
	N = 15		

Table 8.30: Correlation between qualifications index and Maslach Burnout Inventory subscale 1: emotional exhaustion

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	-.242	.385*	.384**
	N = 15		

Table 8.31: Correlation between qualifications index and Maslach Burnout Inventory subscale 2: depersonalisation

	Value	Approx. Sig.	Monte Carlo Sig.
Spearman Correlation	.178	.526*	.522**
	N = 15		

Table 8.32: Correlation between qualifications index and Maslach Burnout Inventory subscale 3: depersonalisation

Comparison of differences between before- and after-project scores for Occupational Stress Indicator and Maslach Burnout Inventory data

Note: For the paired scores, where the score for the before-project test is the greater, it is ascribed a positive rank, but if the score for the after-project test is greater, it is ascribed a negative rank, meaning that scores have increased after the project (Bowers, 1997).

SUBSCALES	DIRECTION OF RANKS	N =	MEAN RANK	SUM OF RANKS
OSI subscale 1: factors intrinsic to the job group 2 - OSI subscale 1: factors intrinsic to the job group 1	Negative Ranks	6	4.17	25.00
	Positive Ranks	3	6.67	20.00
	Ties	0		
	Total	9		
OSI subscale 2: the managerial role group 2 - OSI subscale 2: the managerial role group 1	Negative Ranks	4	3.75	15.00
	Positive Ranks	3	4.33	13.00
	Ties	2		
	Total	9		
OSI subscale 3: relationships with other people group 2 - OSI subscale 3: relationships with other people group 1	Negative Ranks	4	5.13	20.50
	Positive Ranks	5	4.90	24.50
	Ties	0		

	Total	9		
OSI subscale 4: career and achievement group 2 - OSI subscale 4: career and achievement group 1	Negative Ranks	5	4.60	23.00
	Positive Ranks	3	4.33	13.00
	Ties	1		
	Total	9		
OSI subscale 5: organizational structure and climate group 2 - OSI subscale 5: organizational structure and climate group 1	Negative Ranks	3	7.17	21.50
	Positive Ranks	6	3.92	23.50
	Ties	0		
	Total	9		
OSI subscale 6: the home/work interface group 2 - OSI subscale 6: the home/work interface group 1	Negative Ranks	5	3.70	18.50
	Positive Ranks	3	5.83	17.50
	Ties	1		
	Total	9		
OSI subscale 7: satisfaction with achievement, value and growth group 2 - OSI subscale 7: satisfaction with achievement, value and growth group 1	Negative Ranks	6	4.42	26.50
	Positive Ranks	3	6.17	18.50
	Ties	0		
	Total	9		
OSI subscale 8: satisfaction with the job itself group 2 - OSI subscale 8: satisfaction with the job itself group 1	Negative Ranks	6	5.33	32.00
	Positive Ranks	3	4.33	13.00
	Ties	0		
	Total	9		
OSI subscale 9: satisfaction with organizational design and structure group 2 - OSI subscale 9: satisfaction with organizational design and structure group 1	Negative Ranks	6	5.83	35.00
	Positive Ranks	3	3.33	10.00
	Ties	0		
	Total	9		
OSI subscale 10: satisfaction with organizational processes group 2 - OSI subscale 10: satisfaction with organizational processes group 1	Negative Ranks	6	5.33	32.00
	Positive Ranks	3	4.33	13.00
	Ties	0		
	Total	9		
OSI subscale 11: satisfaction with personal relationships group 2 - OSI subscale 11: satisfaction with personal relationships group 1	Negative Ranks	5	3.80	19.00
	Positive Ranks	3	5.67	17.00
	Ties	1		
	Total	9		

Table 8.33: findings for the Wilcoxon matched pairs signed ranks test for the Occupational Stress Indicator data

SUBSCALE	DIRECTION OF RANKS	N =	MEAN RANK	SUM OF RANKS
MBI Emotional exhaustion subscale 1 group 2 - MBI Emotional exhaustion subscale 1 group 1	Negative Ranks	4	4.63	18.50
	Positive Ranks	3	3.17	9.50
	Ties	2		
	Total	9		
MBI Depersonalization subscale 2 group 2 - MBI Depersonalization subscale 2 group 1	Negative Ranks	5	5.40	27.00
	Positive Ranks	3	3.00	9.00
	Ties	1		
	Total	9		
MBI Personal accomplishment subscale 3 group 2 - MBI Personal accomplishment subscale 3 group 1	Negative Ranks	4	5.00	20.00
	Positive Ranks	3	2.67	8.00
	Ties	2		
	Total	9		

Table 8.34: findings for the Wilcoxon matched pairs signed ranks test for the Maslach Burnout Inventory data

LIST OF ABBREVIATIONS

ABBREVIATION	MEANING IN THE TEXT
AR	Action research
CNS	Clinical nurse specialist
EAR	Educational action research
EBP	Evidence-based practice
ENB	English National Board for nursing
FG	Focus group
GRW	The author of this thesis
HEI	Higher education
HE	Higher education institution
HoD	Head of Department
IPR	Individual performance review
LP	Lecturer practitioner
LPFG	Lecturer practitioner focus group
LPSD	Lecturer practitioner work roles questionnaire survey
LPWRQS	Lecturer practitioners' study day
LTHE	Learning and teaching in higher education course
MBI	Maslach Burnout Inventory
NHS	National Health Service
OBU	Oxford Brookes University
OSI	Occupational Stress Indicator
PAR	Participatory action research
PDP	Personal development plan
PE	Practice educator
PGDipEd	Post graduate diploma, education (nurse teacher)
SD	Standard deviation
SDC	Staff development committee
SENDA	Special Educational Needs and Disability Act
SG	Steering Group
SL	Senior lecturer
SMG	Senior management group
SMT	School management team
SPA	Senior programme administrator
TPG	Theory-practice gap
UK	United Kingdom
UKCC	United Kingdom Central Council for nursing, midwifery and health visiting

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Supporting students in practice

GRAHAM R. WILLIAMSON BA, MA, RGN, PGDipEd
Senior Lecturer, Institute of Health Studies, University of Plymouth, Exeter, EX2 6AS, UK

CHRISTINE WEBB PhD, RN, RNT
Professor of Health Studies, Institute of Health Studies, University of Plymouth, Exeter, EX2 6AS, UK

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Summary

• This article reports a project aiming to assess the effectiveness of clinical nurses employed in support roles for students in clinical practice in one UK higher education institution and its linked NHS Trusts.

• Focus groups and telephone interviews were used to collect data from the clinical support nurses themselves, senior nurse managers and pre- and post-registration students.

• Findings show that personal commitment to the role was high and that these support staff made a valuable contribution to up-to-date clinical input into classroom teaching.

• Managers also valued the university–clinical link role fulfilled by these staff.

• Students had mixed opinions, pre-registration students having had little exposure to this kind of support and post-registration students often not regarding clinical support as necessary because of their own existing clinical experience and expertise.

• For clinical support staff themselves, the role was a busy one and they often experienced conflict and role overload in balancing the education and clinical sides of their work.

• Necessary improvements for functioning of the roles were identified, including having regular meetings between university and NHS managers and support teachers for liaison purposes, joint appraisal, and formal support mechanisms for role occupants.

• The overall conclusion drawn is that the roles were successful in bridging the theory–practice gap for the University and NHS Trust managers, but less so for students, and that they did this at some personal cost for role holders.

Correspondence: Graham R Williamson, Institute of Health Studies, University of Plymouth, Earl Richards Road North, Exeter EX2 6AS, UK (tel.: 01392 475150; fax: 01392 475151; e-mail: GWilliamson@plymouth.ac.uk).

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Introduction

The current nurse education and political climates in the UK place strong emphasis on achieving clinical competence in nursing students and ensuring that they are 'fit for practice'. 'Making a Difference' (Department of Health, 1999) calls for a strengthening of pre-registration education and training, with more practice-based teaching. 'Fitness for Practice' (UKCC, 1999) sets out a major restructuring of pre-registration training, with an emphasis on practice skills and support. Similarly in post-registration clinical education, it is important that teaching has clinical currency and competence development is supported.

The study reported here is part of a larger project evaluating the effectiveness of staff working jointly for the University and its linked NHS Trusts. Two clinical support roles have been established. Lecturer–practitioners have been appointed to work jointly and liaise between the education and practice settings, and clinical facilitators are intended to inform the clinical content of post-registration modules, and support post-registration students in practice. Behind these initiatives is the aim to try to reduce the much discussed theory–practice gap in nursing education and practice.

Literature review

SEARCH STRATEGY

The electronic databases CINAHL, the Nursing Collection, and ASSIA were searched using the key words 'lecturer practitioner'. The search yielded 24 relevant sources on lecturer–practitioner roles published in UK nursing journals since 1990. A similar search using the key words 'clinical facilitator', 'clinical support' and 'post-registration education', again in relation to UK published articles since 1990, produced a further four articles. The review below is based on discussions within this literature base on the theory–practice gap and clinical support roles.

THE THEORY–PRACTICE GAP AND CLINICAL SUPPORT ROLES

Early work by Lathlean (1992) reviews the long history of ideological differences between school and service, which meant that students were ill-prepared for the reality of work after qualification. 'New' roles such as clinical teaching and joint appointments are discussed as influences in the evolution of lecturer–practitioner roles, the intention of which was to overcome the theory–practice gap.

The theory–practice gap in nursing is discussed by Rafferty *et al.* (1996, 686) as a:

> problematic, even embarrassing sign of failure within education, practice and research

which is persistent and resistant to attempts at closure. It also offers a tension which is essential for change in clinical practice, and must be seen in the context of political factors which prevent nurses carrying out change. They conclude that the theory–practice gap is inevitable and healthy, saying that:

> attempts to seal the theory–practice gap are completely doomed to failure.

Hewison & Wildman (1996) similarly argue that the theory–practice gap is long-standing and pervasive, and that there is an inherent separation between the humanistic values of nurse education and the new managerialism in the NHS; the time to close the gap has passed. They discuss joint appointments as a method for bridging the theory–practice gap, and how this concept informed the establishment of lecturer–practitioner roles, in the following way:

> A practitioner with input in both settings could work to ensure the fusion of theoretical knowledge and practical experience for students (p. 747).

Wilson (1999) discusses the University of Bournemouth's attempts at reducing the theory–practice gap and value nursing practice, with the introduction of a web of links: academic secondment to return to the practice environments, secondment for lecturers to lead Trust projects, associate lectureships and honorary appointments for Trust employees, and lecturer–practitioner and research practitioner roles. Glen & Clark (1999) also see potential in a range of developmental posts aimed at bridging the theory–practice gap, as do Shepherd *et al.* (1999, 373), who, in their qualitative study of community lecturer–practitioners, identified them as 'a liaison role between the college and the community'.

In their literature review, Fairbrother & Ford (1998) identified five elements: the need for lecturer–practitioners; their origins; development of the role; the debate surrounding academic credibility; and the 'current situation' for lecturer–practitioners. The first element, the

need for lecturer–practitioners, is concerned with the relationship between theory and practice – more specifically that lecturer–practitioners will bridge that gap.

For Upton (1999), the theory–practice gap has a new dimension, namely how it inhibits the implementation of evidence-based practice. She outlines the current preoccupation with sound information grounded in research, cost-effectiveness and quality assurance, and how the separation of nurse education from the NHS contributes to the gap. She argues that the lecturer–practitioner role was intended to be a solution to the theory–practice gap problems experienced by students, and believes that having lecturer–practitioner roles in clinical areas will help to introduce evidence-based practice by a role modelling effect.

With regard to qualified nursing staff, Craddock (1993) discusses the model of learning and working in nursing, with ward-based mentoring. Staff nurses are the key personnel to promote ward-based learning. Several authors discuss preceptorship: Bick (2000) states that an experienced staff nurse is extremely important for those newly qualified, although her research at Walsgrave Hospital found the provision variable. At Walsgrave, the term clinical facilitator is used to describe a post created to help newly qualified nurses to adjust to their new role. The clinical facilitator identifies their learning needs when they qualify, works out an individual development plan, gives personal support and clinical supervision. This role has evaluated well for Bick, and helps with the recruitment and retention of newly qualified staff.

Bain (1996) believes that preceptorship is critical in socializing newly qualified nurses into the hospital environment. Although current evidence about preceptorship programmes is 'contradictory and inconsistent' (p. 106), this is likely to be a role for practitioners, educationalists and managers working in concert. Perry (1995) takes this further, saying that continuing professional education is essential for nursing to establish its own knowledge base, and that of individual nurses.

In summary (see Table 1), a number of authors have discussed lecturer–practitioner roles in relation to the theory–practice gap in nursing, and there is consensus that it is an issue resulting from the distance between education and service (Lathlean, 1992). However, the theory–practice gap also has the potential for developing nursing knowledge (Rafferty *et al.*, 1996), with lecturer–practitioners potentially instrumental in bridging the gap (Hewison & Wildman, 1996). What is clear is that being a lecturer–practitioner involves a dual function – teaching and practising (Fairbrother & Ford, 1998) – although little else is common to all those called lecturer–practitioners. The lecturer–practitioner role was specifically introduced to benefit pre-registration student nurses; however, it seems that many lecturer–practitioners do not work with these students (Lathlean, 1992), although benefits have been noted when they work with qualified nurses (McGee,

Table 1 Functions and needs of Lecturer-Practitioner roles

Author(s)	Role clarity or definition	Preparation for role	Qualifications	Functions of the role	Learner support	Role conflict	Support for lecturer–practitioner	Other
Lathlean, 1992				✔	✔		✔	
Knight, 1992			✔					
Woodrow, 1994	✔				✔	✔	✔	
Childs, 1996	✔		✔					
Hewison & Wildman, 1996						✔		
Hemphill *et al.*, 1996	✔	✔						
Jones, 1996			✔	✔			✔	Flexibility interpersonal skills
Hollingworth, 1997						✔	✔	
Elcock, 1998		✔		✔			✔	Flexibility interpersonal skills
Fairbrother & Ford, 1998	✔			✔			✔	
McCrea *et al.*, 1998			✔					Staff development
McGee, 1998			✔					Evidence-based practice
Fairbrother, 2000	✔					✔		

1998). The role is complex (Jones, 1996), and lecturer–practitioners are generally a senior group of practitioners, well-qualified and experienced (Hollingworth, 1997). There is no single model for practice support roles in the literature, and no relevant model for post-registration clinical studies.

Methods

Clinical support roles have been introduced in the study university to link students' experiences in the University and clinical areas and to contribute clinical expertise to teaching in the classroom as well as on placements. In order to evaluate the initiative, key 'stakeholders' in the University and linked NHS Trusts were involved in a study using focus groups with clinical support nurses and pre- and post-registration students, and telephone interviews with NHS managers.

DATA COLLECTION

Kitzinger & Barbour (1999, 4) define focus groups as:

> Group discussions exploring a specific set of issues. The group is "focused" in that it involves some kind of collective activity... distinguished from the broader category of group interviews by the explicit use of group interaction to generate the data.

Focus groups were chosen for the study because they are an open and flexible method of data collection (McKie, 1996), which is relatively non-hierarchical and contextual (Wilkinson, 1999; Kitzinger & Barbour, 1999). The trigger questions used in the focus groups are shown in Table 2.

Telephone interviews were chosen for data collection with NHS managers to take account of their workloads and the difficulty of assembling groups together to hold a focus group. A similar schedule of trigger questions was used to those used with clinical support participants, and they were also tape-recorded.

SAMPLE

All 45 clinical support nurses employed by the University were invited to participate and 25 agreed. They were each asked to nominate a manager who was familiar with their work and 26 managers were subsequently contacted. However, only six telephone interviews were achieved with managers, probably indicating the degree of their workload and the need to prioritize the use of their time. A convenience sample of pre-registration ($n = 62$) and post-registration students ($n = 10$) studying at the University's different sites was approached and five focus groups were held with a total participation of 34 students. All four 'branches' (excluding midwifery) were covered in student focus groups.

Table 2 Common trigger questions

1. Opening question:
   For lecturer–practitioner/clinical facilitators: 'Tell us a bit about what it's like being a lecturer–practitioner/clinical facilitator in this organization.'

   For students: 'Tell us what about the sort of support you received when working in the clinical areas.'

   For Managers: 'Tell us about your experiences of working with lecturer–practitioner and clinical facilitators'.
2. 'What do you think the Trusts get out of having lecturer–practitioner/clinical facilitator roles?'
3. 'What do you think the University gets out of having lecturer–practitioner/clinical facilitator roles?'
4. 'What do you think students get out of the lecturer–practitioner/clinical facilitator role?'
5. 'Can you see any difficulties with the lecturer–practitioner/clinical facilitator role?'
6. 'Can you see any improvements that can be made to the lecturer–practitioner/clinical facilitator role?'

ETHICAL ISSUES

The study was approved by the faculty ethics committee of the University and potential subjects were invited by letter to participate. They were informed in writing that participation was anonymous, confidential and voluntary.

DATA ANALYSIS

Notes were made in the margins of focus group and telephone interview transcripts and observations were also made in the form of memos. These were then collated into themes. Participant verification occurred later at two meetings, where the research findings were discussed with clinical support nurses, ensuring rigour and accuracy (Krueger, 1994).

Findings

Themes identified from the focus groups are presented below. Codes following the quotes indicate which focus group and participant are being cited to demonstrate representativeness of the data (LP, lecturer–practitioner; CF, clinical facilitator).

PERSONAL MOTIVATION

Professional development was a key issue, and participants discussed how their time management, communication, self-confidence, presentation and teaching skills had improved as a result. Personal development occurred for many clinical support nurses:

> To me, it's, I finally think I've found my niche in nursing, combining the clinical with the theory; being able to utilize my degree ... and teaching (LPFG4P13).

Combining education and practice was a source of credibility with students, who were described as recognizing and valuing the clinical contact, and this was rewarding for them:

> Certainly the reaction that I've had from students, they think your credibility is there, because you're in practice. They really do value that, that you really do understand what it is about practice. That you can relate the theory to practice (LPFG3P10).

Participants spoke of the need to 'empathize' with students about 'what it's really like out there':

> The students really appreciated the fact that they did get support, and we were able to identify what those support needs might be (CFFG2P21).

Phrases such as 'a new challenge' (CFFG1P15) and 'a breath of fresh air' (CFFG3P24) were used to describe how it felt to be able to develop new areas of expertise and new links after many years in a purely clinical position.

WORKLOAD PRESSURES

Role conflict was frequently referred to, because of working for two large, complex organizations:

> Because you have two masters ... what I experience is having to juggle both, and they both might not see eye to eye, or have an idea of what you do, or you might have constraints in one area and not another, and you might not be able to match the two ... so there could be a big conflict there (LPFG2P6).

Task flexibility helped to overcome this problem and lecturer–practitioners valued their daily freedom and autonomy, particularly at the University:

> Because I work in a fairly small Department within the University, I have a[n]... education manager, who has the management for our team, and supporting, so in a way I think you're quite fortunate that you're in a position where you can set your own agenda (LPFG2P4).

However, role conflict was not successfully resolved for most lecturer–practitioners:

> When [both roles] are hectic there is no, no room to give at all, there is no leeway and each side is not aware of the pressures of the other role, so there's no allowance being made (LPFG1P2).

The pressure caused by this heavy workload in both sides of the role led several participants to refer to the need to protect patient or client interests being foremost in their thinking:

> You just get on with it, your diary, try to balance your workload, I think there's a huge difference if you're holding a caseload, because of things in that, you can't say "Oh well, I haven't got time this week". Having a caseload ... I feel is very difficult (LPFG3P8).

ROLE CLARITY

Many participants referred to a lack of role clarity and the impression that no clear objectives had been set for them. This made them feel as if they did not have a clear idea about developing the role:

> It all feels very woolly, and it all feels like you're just chasing your tail really (LPFG3P8).
>
> Nobody is really clear about what we're supposed to be doing... I feel we're probably very wishy-washy as far as the students are concerned, because I'm always having to refer back to other people because my role isn't defined (CFFG1P14).

The purpose and value of clinical visits to post-registration students were debated. Some clinical support nurses were not sure of the hours that should be allocated to visits as opposed to other duties (booking speakers, administration, teaching). Visits were difficult to organize, caused confusion amongst ward staff, and travelling was inconvenient (CFFG2P21). However, others said that the clinical visiting role was an opportunity for teaching to take place and issues and problems to be cleared up with the local mentor (CFFG3P25).

IMPROVING THE ROLE

A theme related to 'role clarity' concerned 'improving the role'. Clinical support nurses agreed that their roles would benefit from regular meetings between themselves, Trust managers and University managers. Performance, aims and objectives and skills development could be discussed, reviewed, and linked to joint appraisals:

> Meetings between the Trust, the University and myself [would help] to thrash out any concerns that people have that go unsaid about time management, or workload, and to feel that someone's actually

> looking at the pressures on me, globally, rather than someone being only aware of half of them each time (LPFG1P2).

PREPARATION, SUPPORT AND RELATIONSHIPS

Moving out of the clinical area full-time and into the University produced anxiety about the expectations of themselves and colleagues (LPFG1P2) but this became easier with time, and lecturer–practitioners eventually felt very comfortable in the new role, particularly valuing the autonomy the University offered and the ability to manage their own time:

> I've quite enjoyed the new culture really, it's kind of refreshing... That kind of feeling of actually being treated as an adult... with your own time management. (LPFG1P2).

Where a clinical facilitator was employed to contribute clinical expertise to specific post-registration modules, relationships with University module teachers were central to their effectiveness, and flexibility and compromise were important:

> The tutor I worked with was very much "Right, what do you think, do you think this is relevant?", she was, I think it very much depends on the tutor... how good or bad the course is (CFPG2P22).

Building up experience in the role also made for increased effectiveness:

> It gets better each year, because there's things that you know ought to change... it's working with people that you feel comfortable with, and you can actually agree or change things, or come to some sort of agreement between you, and it makes the working better (CFFG3P24).

There were also descriptions of support coming informally from colleagues in both the University and the Trust, with examples of formal support from Trust managers and other lecturers in their University team.

WHAT THE TRUST GAINS FROM THE ROLES

Closer links and liaison were mentioned:

> That ought to be the starting point, to, for the ... liaison aspect for both sides would be important (LPFG2P10).

Post-holders with a Trust educational role felt that Trusts benefited because they lead practice development. However, those without a clear Trust educational role were less clear about Trust gains:

> Well I don't know what the background to it was, but I think it was probably a strategic move on some-body's part to appoint lecturer–practitioners, without really thinking through what they were for or what they wanted from them (LPFG2P4).

Having clinical support nurse roles meant 'closer links with the academic side of things. Better understanding of the ... way things work' (CFFG1P17) as well as giving the Trusts a voice at the University to inform policy and module development.

WHAT THE UNIVERSITY GAINS FROM THE ROLES

There was agreement that the University gains from having up-to-date teaching and relevant clinical practice expertise. The ability to link theory and practice was mentioned repeatedly:

> Someone who does bridge this gap, who actually has an input to curriculum development, and they're coming at it from both an academic and a clinical practice base, who can actually, erm, speak both languages (LPFG3P10).

The 'link' role was important, and a role that was carried out on clinical visits, quite informally by clinical support nurses:

> I think it's important to have a link and to be able to go and see the students in their environment ... to have a link to, perhaps the tutor is unavailable. 'Cos the tutors are running so many courses, aren't they, that they're not going to be available all the time (CFFG1P15).
>
> [The University gets] the link ... the clinical expertise, because the amount of interaction that goes on with lecturers in clinical places is limited, because of the role, whereas, with the clinical facilitators coming in, there's that clinical expertise coming in (CFFC3P24).

This 'linking' updates the University on clinical practice and Trust developments in the broadest sense, but was particularly important for the modules with which clinical facilitators were involved because they could inform curriculum development:

> Although [the tutor] would get that person to teach that topic, I would give input as to what topics I felt were relevant (CFFG2P20).

Clinical support nurses saw themselves as clinical experts, and this expertise added the 'rigour' (CFFG3P24) of clinical credibility to modules where it might otherwise have been lacking:

> The gap [between theory and practice] has got wider, I think, since nurse education is now University based ... and particularly as a lot of the tutors don't teach their speciality. I think if you don't have clinical

facilitators or whatever you want to call them, then I think the clinical teaching on courses would be next to nothing. I don't know who would do it (CFFG2P22).

This is the 'best of both worlds' (CFFG3P23) – both academic and practical – with the clinical facilitator role seen as complementary to that of lecturers (CFFG1P16).

STUDENTS' VIEWS

Only three pre-registration students had had any meaningful direct experience of clinical support roles in the practice setting, so the discussion consisted of ideas on what the roles *could* be like. Students wanted more contact with clinical support nurses:

S5: I think we should have more regular contact with him, yeah
S2: It would be nice cos/
S1: /we're in [practice area]/
S2: They know what happens when we're in the classroom, so they might be able to give us more support when we're in practice (SFG1).

They felt that clinical support nurses could usefully liaise between the clinical areas and the University, 'breaking the theory–practice gap' (SFG2P11), and 'understand[ing] both sides' (SFG3S15). Pre-registration students and the lecturer–practitioner could work together, taking:

A patient on the ward that's in and around the module you've just done or are going to do so that you can relate it to practice (SFG2S8).

Mentoring, role modelling and practice supervision were all discussed by pre-registration students:

It would be good to have learning sessions on the ward, like we, things like aseptic technique, we're not taught aseptic technique, you pick it up ... whereas if you had some lecturer–practitioner that was there on the ward ... you could go through aseptic technique together (SFG4S24).

However, post-registration students painted a very different picture, none of them valuing clinical visits. They were described as not required by these experienced nurses when they had good support in their own clinical areas. The clinical facilitator role was described as a difficult one in this respect and these participants wanted more academic support:

So personally I don't think she needs to visit me in my own area, especially when I've got support in that area, but classroom support, I would like it see it a bit more; this is the first experience I've had with this type of course (PRS3).

When X visited me I think he felt a bit awkward, because I was working with a team of people that I already knew, and that I would have gelled with, and I was just getting on with my work, so he was kind of in the way. But it would have been nice to have just had the support where you asked one-to-one questions on classroom work (PRS2).

There was a clear difference, then, in the opinions of pre- and post-registration students in their perceived needs for support, the former requesting more clinical support and the latter not wanting this but preferring more academic support.

MANAGERS' OPINIONS

Managers generally reported positive experiences and described the posts as having an impact in clinical areas, as illustrated below (numerical codes are used to denote different interviewees).

Benefits were described as bridging the theory–practice gap and providing a link between the two organizations:

They are a very good communication channel between the Trust and the University (M4).

Further, they are well placed to facilitate evidence-based practice:

They have access to perhaps more recent research than staff working within the Trust do, and when they are working up on the wards, bring some attention to that research and perhaps initiate change (M4).

They can also develop research:

I think it's about bridging the theory–practice and the academic gap if you like, in terms of providing opportunities to develop research with a feel for how the service actually is, with the back up of the academic institutions (M1).

Having lecturer–practitioners around would inevitably lead to 'sharing knowledge' (M1), because lecturer–practitioners were a 'free brain' (M3), who would be a 'resource' (M2) supporting other team members with practice and academic activities and offering up-to-date practice expertise to the University.

In relation to students, lecturer–practitioners were role models (M1) with leadership roles (M2), providing a focus for education on the wards (M4). Managers also considered that the University benefited by having lecturers who bridged the theory–practice gap (M2 and M4) and were up-to-date (M5, M6).

However, managers also saw some problems in the roles and believed that current lecturer–practitioner roles were far too busy:

M2: In terms of coming up to work on the unit with students or staff, er, that doesn't happen.
Int: Why do you think that's the case?
M2: She's too busy. She's either teaching in the University or she's running [the unit].

Managers thus agreed with pre-registration students that they were not receiving the support from lecturer–practitioners that was envisaged in setting up the roles. They also agreed with post-registration students that the clinical support role for them was not clearly enough defined or adequately resourced, although it was invaluable in ensuring that module content had clinical currency.

Discussion

The limitations of the study must be acknowledged in that the sample sizes were small and drawn from a single geographical area in a relatively rural part of the UK. Also the data reported here are exclusively self-report data and do not allow conclusions to be drawn about actual practice. Hence generalizability of the findings is limited, although the literature suggests that the issues are relevant to other settings.

As discussed in the literature review, the aim of establishing the posts in general, and in particular in the study university, was to tackle theory–practice gap issues (Lathlean, 1992; Hewison & Wildman, 1996). Despite being highly motivated for their work, lecturer–practitioners were, however, usually not working alongside pre-registration students in practice areas. This is consistent with the national picture (Lathlean, 1996; McCrea *et al.*, 1998; Fairbrother, 2000).

The majority of clinical support nurses and managers considered that the roles were effective in providing a link between the University and Trusts, helping students to learn in practice areas, helping clinical colleagues with their clinical teaching role and with the assessment of students, and with using research evidence. The latter finding is consistent with that of Elcock (1998), and of McGee (1998), where research was a key issue. Supporting clinical colleagues was particularly prevalent where clinical support nurses had a Trust educational remit, usually in staff development. The benefits of lecturer–practitioner roles for staff development are mentioned also by McCrea *et al.* (1998). However, there is a mismatch here, as lecturer–practitioner posts are aimed at using the clinical rather than education expertise of postholders, to facilitate learning and evidence-based practice. Fairbrother (2000) notes that lecturer–practitioners seem to be more effective in working with their clinical colleagues and in post-registration settings than with pre-registration students, but this was not borne out in the present study.

Most respondents felt that clinical competence and credibility, as well as teaching skills, and good communication and interpersonal skills were requirements for clinical support posts. This reflects descriptions in the literature of such staff as having mastery of education and practice settings and being well qualified and experienced senior nurses (Woodrow, 1994a; Hollingworth, 1997; Fairbrother & Ford, 1998). Flexibility was highly valued by clinical support staff themselves, and was regarded as an essential element for effectiveness in relationships with the University and the Trusts, and this is also highlighted as important by Jones (1996) and Elcock (1998).

Clinical support nurse and management participants agreed that support from the University and Trusts was important for lecturer–practitioners' effectiveness, which is consistent with the literature (Hemphill *et al.*, 1996; Fairbrother & Ford, 1998). However, the perceived lack of role clarity was a major issue. This was not a request for a rigid interpretation of roles and enforcement of these by managers, more that clinical support nurses required tripartite meetings with their University and Trust managers for discussion and review of their roles and workloads. Several authors also discuss the need for a clear role definition in order to avoid problems of overload that can arise from working across two demanding organizations (Woodrow, 1994; Childs, 1995; Hemphill *et al.*, 1996; Elcock, 1998; Fairbrother 2000).

The need for support systems was identified both by clinical support nurses themselves and by managers, and this aspect also mirrors the literature in that many authors listed in Table 1 draw attention to the issue. It may be that clinical supervision could act as the forum for support, either individually or in groups (Bowles & Young, 1999; Williamson & Dodds, 1999) or that clinical support nurses themselves could set up a mutual support group. Either of these could link with the University–Trust meetings mentioned above so that issues of effectiveness could be taken up.

The literature discussed at the start of this article dates from the early 1990s and identifies similar issues, in relation to clinical support roles, to those identified in the present study. Furthermore, despite debates about the existence, non-existence or desirability of the theory–practice gap, there is still work to be done on capitalizing on the possibilities of the roles for improving the quality of nurse education and links between higher education and NHS placement providers, particularly with respect to pre-registration students. All stakeholders were enthusiastic about the possibilities of the role and the intrinsic

benefits for postholders, despite the pressures of work overload. Managers and postholders themselves spoke strongly of the need to set up mechanisms and processes to ensure that they were able to use their skills to best effect.

In the view of the participants in this study, the theory–practice gap is being tackled in the University element of the posts to a much greater extent than in clinical areas. While this is encouraging, work remains to be done on extending the benefits to students' learning in practice settings. These issues are being taken forward at the study site in the form of an action research project to implement the changes highlighted as necessary to develop the roles, and to implement new 'practice educator' roles, whose focus is on pre-registration students' learning needs and competence in clinical practice.

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Ethical issues in research

Illustrating the ethical dimensions of action research

Graham Williamson and Sue Prosser discuss the ethical dimensions of action research, informed by their experiences of participation in an action research project in the workplace.

Key words: action research, lecturer practitioners, ethics in research, research methodology

Introduction

Lecturer practitioner (LP) roles are no longer new in the United Kingdom (UK), having been established initially in the 1980s to overcome the theory/practice gap in nursing (Lathlean 1992). Teachers were seen as being far removed from practice, while practitioners did not know about the theoretical elements that might inform their work (Cave 1994). This perceived situation was widely regarded as a 'problematic, even embarrassing sign of failure within education, practice and research' in nursing, which it was essential to rectify (Rafferty *et al* 1996). Furthermore, as Lathlean (1992) discusses, a long history of 'ideological differences between school and service' meant that students were ill-prepared for the reality of work after qualification.

The current political climate and policy context are favourable for higher education institutions and trusts seeking to strengthen the links between service and education (Fairbrother 2000, Waters 1999). There are explicit calls from government to expand the number of LPs in order to support pre-registration students. For example, the Department of Health (1999) calls for a strengthening of pre-registration education and training, with better teacher support a priority.

However, there are several problems with the role. Although introduced to bridge the theory-practice gap (Hewison and Wildman 1996), some LPs do not see this as their primary role (Lathlean 1992, McCrea *et al* 1998), or do not actually work with pre-registration students (Fairbrother 2000). There are varying definitions and conceptualisations of the role (Elcock 1998), and this is reflected in a lack of clear job descriptions for role occupants (Woodrow 1994). Authors also discuss role conflicts resulting from conflicting demands from 'service' and 'education', resulting in overload for post-holders (Hollingworth 1997). There are also conflicting expectations of staff development for role occupants, a lack of career structure, and a lack of personal and professional support for role holders (Fairbrother and Ford 1997).

Preliminary work at our institution found that LPs were described as 'adding value' to education provision by students, managers, and the LPs themselves, and that they gained a great deal from their roles both personally and professionally. However, their key concerns were an absence of role clarity (particularly in the initial months of employment), absence of effective joint review/appraisal (because university, NHS trust managers and LPs themselves frequently did not meet together to review the roles), and absence of formal support (Williamson and Webb 2000, 2001).

In order to develop aspects of LPs' work roles and their employment position, establish formal support for post-holders, and facilitate joint appraisal and effective induction to the role, we established an action research (AR) project, entitled 'Developing Lecturer Practitioner Roles Using Action Research'.

We will begin by outlining the key features of an AR approach, and then discuss how the political and ethical aspects of participation in AR are potentially problematic for those working in their own organisations. These observations are illustrated with personal reflections made as a result of participation in the project.

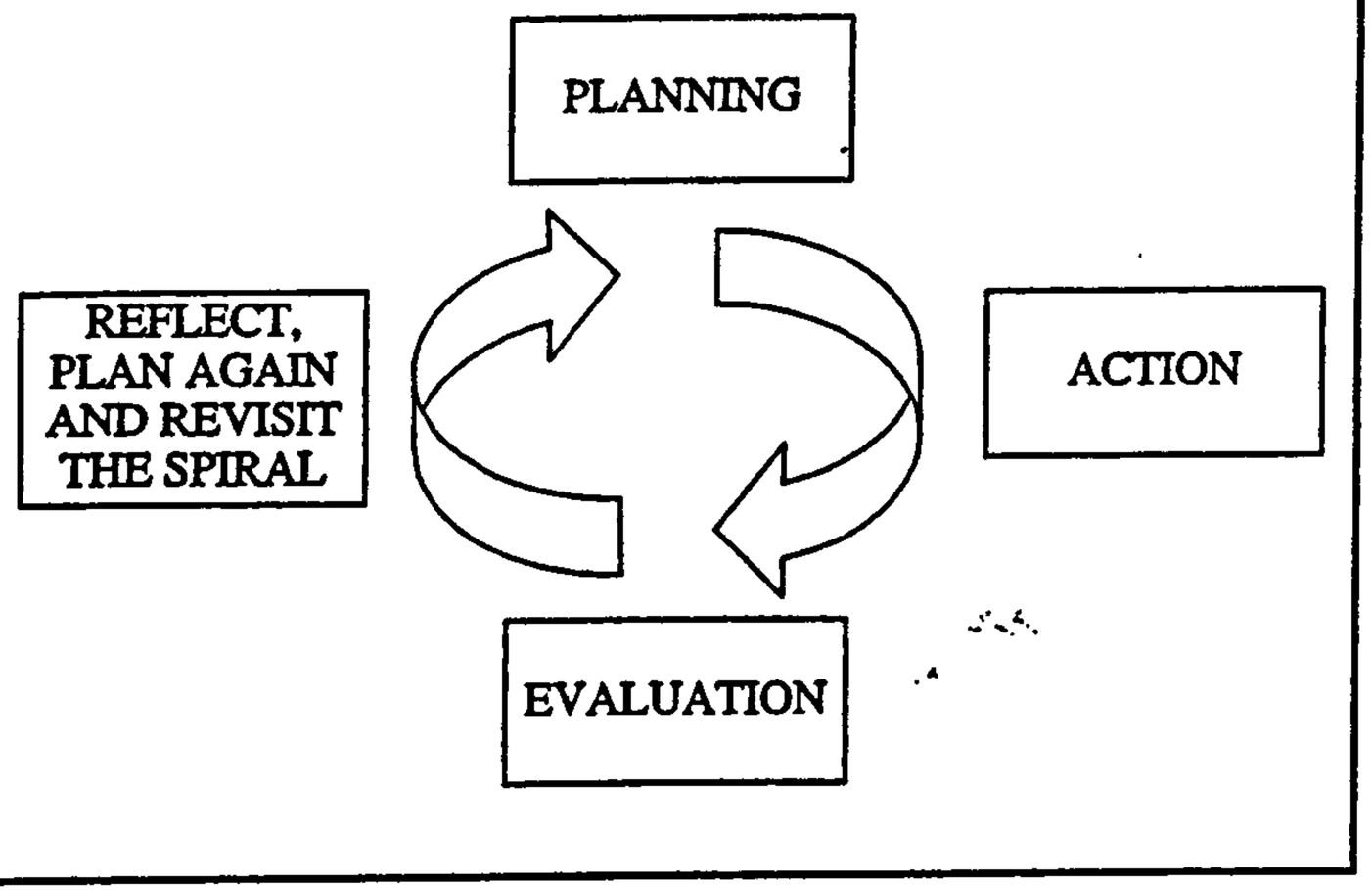
Action Research approaches

For Waterman *et al* (2001) action research is: 'a period of inquiry that describes, interprets and explains social situations while executing a change intervention aimed at improvement and involvement. It is problem-focused, context-specific and future-oriented.' AR is a critical social activity, relying on participation and collaborative working to generate change and new knowledge. One of the benefits of such an

approach is the emphasis on using experiential knowledge to inform an agenda of change in aspects of practice, and this is particularly valuable when practitioners are marginalised in some manner (Winter and Munn-Giddings 2001).

A 'spiral' framework is utilised, and although this may vary between projects, there is typically a planning phase, an action phase, an evaluation phase, and a reflective phase, where the newly-changed practices can be further investigated and the spiral re-visited (see Figure 1). The spiral should not be rigidly adhered to, but should be flexibly applied, allowing researchers to move seamlessly between phases, and it should have an emphasis on critical personal reflection (Winter and Munn-Giddings 2001).

Figure 1: Typical action research 'spiral' framework



Developed from the pioneering work of Kurt Lewin (1946, 1966), AR has been used by workers seeking to develop practices in their own organisations. It has also been utilised by external facilitators in industrial settings (Weiskopf and Laske 1996), and by nurses working to develop elements of patient/client experiences of health and illness (Koch *et al* 1999, Koch and Kralik 2001, Koch *et al* 2000). AR is democratic and participatory, with the aim of developing a more just or more satisfying situation for the stakeholders (Greenwood and Levin 1998).

In nursing, 'the over-arching aim of action research has been to improve professional practice and raise standards of service provision' (Morton-Cooper, 2000). Although AR is more strongly associated with changing nursing practice (Nolan and Grant 1993), it is also discussed as a vehicle for generating new knowledge grounded in the reality of nursing practice (Walters and East 2001, Waterman *et al* 1995).

However, if AR has potential for changing practice and generating new knowledge, it can also be politically and ethically problematic. A feature of AR is that participants require a close and collaborative working relationship, but this is very different from other research approaches. In both qualitative and quantitative research, the emphasis is on data collection 'in the field', with 'research subjects', and the analysis and interpretation of findings by 'expert' researchers. While some qualitative researchers, most notably feminists (McKie 1996, Oakley 1981) and focus-group practitioners (Kitzinger and Barbour 1999) acknowledge their proximity to those they are studying, and seek to make data collection more democratic, there are still degrees of separation and boundaries in these approaches between researchers and subjects. These are much less pronounced in AR because the researcher is a part of the situation as well as being a student of it.

In AR, then, there is greater 'exposure' than in other research approaches. This can have particular consequences for those working in their own organisations, but these are rarely discussed in the nursing literature (Coghlan and Brannick 2001). We argue that AR is politically different from other research approaches, and that there are ethical dimensions inherent in the methodology, factors that raise three important ethical questions for action researchers.

The political dimensions of AR

For Coghlan and Brannick (2001), AR is explicitly political for those working in their own organisations. Although 'insiders' have advantages over external facilitators because of their privileged access to documents

and personnel, their AR work is imbedded in the organisation's micro-climate of personalities and relationships. This can create a role duality (Coghlan 2001) where AR researchers' 'work' lives conflict with their 'research' lives.

Power and control issues in organisations also mean that the judgements researchers make in diagnosing issues may not be welcomed by superiors, as they question organisational and individual practices, norms and beliefs. Action researchers seek to generate useful information to inform decision making and foster choice, but this information is intensely political because it is focused on change (Coghlan 2001), and AR researchers must actively manage the politics of the organisations in which they work.

Some nursing studies consider the 'insider/outsider' debate, but generally give only a limited picture of the issues, as they are written by 'friendly outsiders' rather than permanent members of the team (Coghlan and Casey 2001), rarely discussing issues of power and control in organisations. For example, Titchen and Binnie's (1993a, 1993b) work is concerned with enhancing data collection and analysis in their project relationship. Webb (1989) discusses relationships in one practice setting. Koch *et al* (2002) note their success in a 'bottom-up' approach in several AR projects with various client groups, saying that managerial support is important, but give no further detail. Thus AR studies in nursing frequently underplay political concerns relating to organisational life inherent in AR methodology, the extent of political dissonance experienced, and the career concerns there may be for AR workers (Coghlan and Brannick 2001, Williamson and Prosser 2002a). These concerns strongly influence the ethical dimensions of AR.

The ethical dimensions of AR

AR is frequently discussed as an 'ethical' activity in itself. Stringer (1999) discusses ethical issues in AR as relating to the worth or value of the project: AR is conceptualised as an inherently moral undertaking because it engages individuals in a dialogue with other members of their community to improve some aspect of community living or work practice. Thus, for Stringer, the underlying ethical principles involved in

AR concern the expression of human values between participants. This is discussed as similar to standpoint epistemology, emphasising how a meaningful understanding of a situation can be constructed only by starting with the experience of individuals and groups themselves.

However, Stringer's (1999) view neglects other ethical dimensions of AR. Williams (1995) notes the ethical confusion surrounding the potentially conflicting roles for nurses in AR, saying that the multiple roles of the 'insider' action researcher mean that a participant disclosing sensitive information may not be clear to whom information is being disclosed – the researcher, the colleague or the friend – as each role exists simultaneously in one person. This type of dilemma is arguably unavoidable when researchers work in their own organisations, whether with patients or other members of staff, and contributes to AR as a stressful activity in which nurses are likely to need significant personal support (Webb *et al* 1998)

There are further ethical dimensions arising from involvement in AR. In research, 'subjects' are commonly ethically protected by researchers undertaking not to do them harm, to maintain their confidentiality and anonymity, and to ensure informed consent, honesty, and their right to withdraw (Coghlan and Brannick 2001, Winter and Munn-Giddings 2001). While AR takes place within this framework, there are several areas in which AR is ethically much less clear, and these require clarification at the outset of the project, and negotiation throughout, in a manner which other research approaches are less likely to require. We illustrate these areas with details of our own AR project.

Firstly, given the political nature of action research, it is very difficult to guarantee confidentiality and anonymity. Others in the organisation will know who participated, and although data collection and analysis can be made confidential and anonymous, completely disguising data in finished reports may be difficult (Lathlean 1996, Morton 1998, Webb *et al* 1998). For example, in our study, as SP noted in her reflective diary, it was obvious to others in the organisation who participated in the study because the numbers of LPs employed was relatively small. Often meetings and focus groups consisted of eight people, and this meant that although GRW guaranteed to make sure that the names and other

identifying details were removed from transcripts and analyses, this small group was easily identifiable to their peers. In addition, SP reported feeling personally very strongly identified with the work.

Secondly, as AR is a journey and evolves through participation, reflection and purposeful action (Hope 1998), so 'informed consent' is a more difficult concept than in other research approaches, where studies are likely to be conceptually more developed and planned. If neither researchers or participants know where the journey will take them in advance, they cannot fully know to what they are consenting when they agree to participate (Meyer 1993). In Lathlean's (1996) AR work with trainee ward sisters, for example, participants might have been protected in data collection, but they could not refuse to be observed at work: they had consented to ongoing involvement by taking up their 'trainee' posts, and withdrawal or sabotage might have severe consequences for their careers. For Meyer (1993), continued co-operation in AR is frequently forced, and this contradicts the ethos of willing collaboration. There may be opposition among members of a ward team, but this may be suppressed by the general consensus.

For example, in our study, SP reflected in her personal diary that even though she was asked to give verbal consent to participate, nobody involved initially had a realistic understanding about what they were consenting to; the nature of AR meant that the project goals were unclear at the outset. Thus proximity and participation may be seen as simultaneously offering strength in terms of changing and developing practice, but offer ethical weaknesses.

In AR, this sort of dilemma is doubly serious because of participants' potential lack of anonymity and confidentiality, meaning, lastly, that the protection of subjects from harm can be also problematic: for example, in our study GRW wrote in a reflective diary account: 'I really didn't like the way in which speakers might be identified from the issues I mentioned [at a meeting], and it put me in quite a quandary. I could be breaking confidences by discussing these issues publicly (although I really didn't name any names and only referred to issues quite broadly, I'm quite sure people knew exactly what and whom I was talking about). If there was

any comeback for individual LPs, this would break up the trust that I need to be able to function in this capacity, and would be a disaster because then no-one would want to disclose any information in the focus groups that I need to do to generate evaluative data and suggestions for the future.'

Again, such dilemmas are central in AR, and their resolution is likely to be a central issue in AR studies if those involved are willing to participate voluntarily, rather than as a result of coercion.

Possible solutions

Several solutions to the ethical dilemmas we have identified are possible: the establishment of ethical codes in AR, 'transparency' and external scrutiny, and the issue of 'ownership' of the project work and findings.

I argue elsewhere that although ethical codes may appear desirable in AR, this approach is unlikely to be effective, as practical and philosophical problems in the construction of such codes apply to AR just as they do elsewhere (Williamson 2001, Williamson and Prosser 2002b), as if fixed, external rules were established, these could not take into account the variety of situations researchers may experience, and so could not adequately guide action. More useful than establishing ethical codes is the concept of professional morality in nursing (Williamson 2001), and the idea of transparency through external scrutiny.

So, it is necessary to rely on nurse researchers' sense of professional morality when they are working 'in the field' in AR work, and to establish structures for research governance. In our study, important transparency was established in the form of a steering group, to which GRW was required to describe and discuss the development of the project, in addition to the usual research degree supervision. There was also a degree of scrutiny established in the form of other meetings and public fora, for examples with senior nurses from local NHS trusts. Materials were also constantly accessible to participants and managers on a website. So, issues concerning the conduct, development and findings of the study were discussed openly. While this might offer ethical threats in the sense that these fora are potential sites for breaching confidentiality, as discussed above, it also ensures that participants are protected from 'manipulation' by a researcher, who also receives senior guidance on the conduct of the study.

Lastly, the issue of 'ownership' is important in AR studies: in fully collaborative projects, researchers and participants have equal responsibility for findings, and therefore the political and organisational consequences. But, in reality there are usually 'lead' researcher/facilitator(s) (Winter and Munn-Giddings 2001); the ward-manager seeking to change practice, or a university academic developing aspects of clinical or organisational practice. Where 'insiders' take a lead role, it is possibly easier to negotiate and secure 'ownership' of findings, because researchers and participants are likely to be in closer contact. Where the researchers are 'outsiders' or external facilitators who may 'project manage' the AR work before moving on, they must be clear that participants accept and verify the report so that responsibility is shared. So, formal procedures are required for participants to evaluate findings before work is more widely disseminated within the organisation and the academic community. Such procedures are already common in qualitative research, in the form of 'participant feedback', which ensures that the researcher has adequately understood what was meant by the participants. This 'member checking' (Kreuger 1994), or 'member validation' (Bloor *et al* 2001) allows participants to comment on, rather than amend, the researchers' preliminary interpretations. Such procedures are frequently not acknowledged in reports of AR, as the assumption is that close collaboration and participation alone ensure joint ownership of findings. In our study, the preliminary work was discussed at two 'feedback events', and following small group work, policies were formulated and piloted, and their impact assessed in a focus group.

Yet, if, as Coghlan and Brannick (2001) argue, action researchers are key change agents, they have a duty to protect their co-researchers. They must therefore be willing to take special professional and personal responsibility for obvious harm, and for the interpretation discussed in published work, and might legitimately 'shelter' less powerful or more vulnerable participants if required (Kelly 1989, Williamson and Prosser 2002a).

Conclusion

Using AR to change practice and generate new knowledge involves practitioners in difficult political and ethical dilemmas, which are made more complex than in other research approaches by the researchers' relationships with participants. AR is currently growing in popularity in health care and nursing (Waterman *et al* 2001), and so it would appear that many more nurses and other health care professionals will participate in AR projects. We suggest that potential action researchers and participants attempt to clarify by discussion and negotiation how these political and ethical questions are to be addressed in their work before they begin, and re-visit these ideas during the course of their projects. In this respect, AR requires constant and sensitive dialogue between those involved, rather than the establishment of formal ethical codes, which are not likely to be helpful (Williamson 2001, Williamson and Prosser 2002b) as this is a feature of its methodology. We would also recommend that there is the maximum 'transparency' and external scrutiny in the project management of such work, and that participants working in their own organisations are clear about issues of ownership of the written products of their work.

Graham R Williamson BA, MA, RGN is Senior Lecturer, Institute of Health Studies (IHS), University of Plymouth, UK
Sue Prosser BSc, RGN was Lecturer-Practitioner, Neonatal Nursing, IHS & Royal Devon and Exeter Hospital NHS Trust, UK

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Action research: politics, ethics and participation

Graham R. Williamson BA MA RGN
Senior Lecturer and PhD Candidate, Institute of Health Studies, University of Plymouth, Exeter, Devon, UK

and Sue Prosser BSc RGN
Lecturer-Practitioner, Neonatal Nursing, Institute of Health Studies, University of Plymouth, and Royal Devon and Exeter Hospital NHS Trust, Exeter, Devon, UK

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Correspondence:
Graham Williamson,
Institute of Health Studies,
University of Plymouth,
Exeter Centre,
Earl Richards Road North,
Exeter,
Devon EX2 6AS,
UK.
E-mail: gwilliamson@plymouth.ac.uk

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Action research: politics, ethics and participation

Aim. This paper contributes to an understanding of the political and ethical aspects of action research (AR).

Background. Action research is growing in popularity in nursing and health care as a means of changing practice and generating new knowledge. As a methodology, AR relies on a close collaborative working relationship between researcher and participants, but this close relationship is also the source of political and ethical problems faced by researchers and participants.

Content. We argue that action researchers and participants working in their own organizations should be clear about the extent to which they are engaged in a political activity, and that AR does not offer the same ethical guarantees concerning confidentiality and anonymity, informed consent, and protection from harm as other research methodologies (both quantitative and qualitative). This argument is illustrated by our experiences of participation in an AR study.

Conclusion. We outline three areas where AR is implicitly political, and three areas where it is ethically problematic. We recommend that researchers and participants recognize, discuss and negotiate these problematic areas before starting their work.

Keywords: action research, lecturer practitioners, ethics in research, research methodology

Introduction

Action research (AR) as a tradition has developed since the 1940s as a tool for producing change in organizations with workers' involvement, and in response to the perceived inadequacies of traditional positivistic research (Morton-Cooper 2000). Kurt Lewin's work is frequently discussed as the foundation stone on which current work is built (Hart & Bond 1995a; McKernan 1996). Lewin's view was that social science should be able to improve conditions for people, and in developing his innovative ideas he made AR acceptable to the academic community (McKernan 1996).

AR has been used extensively in education settings as a means of developing new and effective teaching strategies, by encouraging individual teachers to reflect on their own practice, and because it offers a practical alternative to theory-based research (McNiff 1988). It is democratic and participatory because it involves stakeholders in defining problems, implementing solutions and evaluating them. The intention is to produce a more just or more satisfying workplace situation for the stakeholders (Greenwood & Levin 1998).

In health care settings, the evolution of AR has been slower than in education. It has recently been used by practitioners

disillusioned by the failure of the biomedical approach to health and illness to provide solutions to workplace problems (Morton-Cooper 2000, p. 14): 'The over-arching aim of AR has been to improve professional practice and raise standards of service provision'. Although AR is more strongly associated with changing nursing practice (Nolan & Grant 1993), it is also discussed as a vehicle for generating new knowledge grounded in the reality of nursing practice (Waterman *et al.* 1995, Walters & East 2001).

Although there are different ideas about what constitutes AR, Waterman *et al.* (2001, p. 11) provide a useful definition of the approach: 'Action research is a period of inquiry that describes, interprets and explains social situations while executing a change intervention aimed at improvement and involvement. It is problem-focused, context-specific and future-oriented'. They argue that AR is a group activity, which relies on the critique of existing social situations, partnership and collaboration between action researchers and participants, to generate change and new knowledge in a 'spiral' framework. AR is useful for those working in their own organizations, but has also been used by change practice by external facilitators, and by nurses working to develop elements of patient/client experiences of health and illness. Thus a wide definition of the researcher's role in AR is as a key instigator and change agent in projects (Coghlan & Brannick 2001).

Whilst AR holds great potential for changing practice and generating new knowledge, it can be politically and ethically problematic for researchers and participants, as the necessarily close and collaborative relationship they experience introduces a greater element of 'exposure' in AR than in other research approaches, and this can have particular consequences for those working in their own organizations. These are rarely discussed in the nursing literature (Coghlan & Brannick 2001). Our argument is divided into three sections: we begin by discussing how AR differs politically from other research approaches, and the areas of dissonance researchers can experience as a result. We then discuss how the ethical dimensions raise three important questions for action researchers and participants. Lastly, we illustrate these issues with personal experiences of participation in AR.

Political dimensions of action research

Coghlan and Brannick (2001) discuss implications for action researchers working in their own organizations: the research can be transforming for individuals required to look at their organization through fresh eyes and develop new relationships during the project, but the work is intimately connected with the micropolitical climate, the policies of the organization, and personalities. Unless there is a generalized commitment to develop the organization by learning from practice, AR can be problematic, involving much self-reflection with little change. Although 'insider' action researchers have good access to primary and secondary sources, and good preunderstanding of the organization, AR can be time-consuming and frustrating, creating a role duality (Coghlan 2001). The formal documentary life of mission statements, policies and procedures may contrast sharply with the informal private life, which individuals and groups experience as cultural norms, traditions and shifting power alliances: 'organizations are centres of love, hate, jealousy, goodwill and ill will, politics, infighting, cliques and political factions; a stark contrast to the formal rational image which organizations tend to portray' (Coghlan & Brannick 2001, p. 54). Insider action researchers understand these issues and are able to participate unobtrusively (Coghlan 2001), but their proximity is problematic.

Diagnosing the issues to be addressed in AR requires researchers to make judgements. These may be regarded as subversive by superiors, even as acts of sabotage, however collaboratively they may have been made, because they involve questioning organizational and individual practices, norms and beliefs. The action researcher seeks to generate useful information to inform decision-making and foster choice, but this information is intensely political (Coghlan 2001). AR thus requires political acumen on behalf of researchers, who become 'political entrepreneurs', and are required to use a variety of strategies in order to succeed and manage organizational politics.

A number of researchers have considered 'insider/outsider' issues in nursing AR but, as Coghlan and Casey (2001) argue, they give only a limited picture of the issues as they have usually been 'friendly outsiders' rather than permanent members of the team. Titchen and Binnie (1993a) discuss how they established a 'double-act' relationship in their work developing patient-centred nursing. They shared the same basic values on health care, and worked collaboratively as 'actor' (facilitator/change agent) and 'researcher'. They argue that a wholly 'insider' role was inappropriate for their work, as there were potential problems in terms of 'objectivity' in the study (despite AR researchers' need for reflexivity), for the willingness of participants to disclose information, and the potential personal costs for researchers trying to achieve change whilst running a ward and studying for a higher degree. They also argue that a wholly 'outsider' role (with the researcher as an external facilitator) is problematic, as the outsider may initiate change that is not fully owned by the participants, or is resisted. They conclude that 'outsider'

studies in nursing are less successful, as authority is vested in the researcher and the study is not truly collaborative or democratic. For Titchen and Binnie (1993b), the 'double-act' combines the best and avoids the worst of the potential 'insider/outsider' tensions. In their work, the research elements and the authority required for an effective change agent/actor were located in different people, with the actor able to concentrate on facilitating change and collecting field data. Elsewhere they argue that the authority of both insiders and outsiders is legitimate: the outsider has legitimacy in the situation, but only the insider has the authority to change practice within it. The pitfalls they identify with the 'double-act' relate mostly to guilty feelings: of the 'actor' about not doing enough of the 'research' activity, and of the researcher about not doing enough practice.

The 'double-act' role has not always been so successful: in his work as research assistant to an AR project attempting to implement primary nursing, Pontin (Webb *et al.* 1998) was expected to work with an experienced clinical nurse specialist (CNS), who was to be the insider facilitating change. Pontin's role was about evaluating the initiative, but he experienced considerable ambiguity when appointed. He was keen to become involved with day-to-day aspects of the work in the absence of the CNS on sick leave, but did not have the managerial authority to take them on. As the CNS was frequently not available, Pontin was quickly required to go from outsider to insider. This was confusing for staff as well as stressful for Pontin, who found himself in a different role from that to which he had been appointed.

These considerations mean that action researchers are asking implicit political questions about their organizations (Williamson & Prosser 2002). They illuminate the political climate in their organizations, highlighting considerable dissonance between the aims of the project and the researchers' experiences of their work. There are three main areas where this dissonance may be experienced. First, as AR is aimed at change, it can be perceived as a threat to the status quo. Asking *How can we do things differently?* can be challenging to individuals, cultures and systems. Second, changing organizations implies challenging existing power relations: asking *Do we have the power to change this for ourselves?* illustrates for action researchers whether or not the organization is committed to developing its policies, procedures, culture and attitudes in learning from current practices. Third, change in organizations can also bring conflicts with existing power relations. When asked about the possibility of changing practices, the powerful within organizations may answer: *You don't have the authority to change this for yourself.* Having uncovered areas in need of change, action researchers and participants in their own organizations can be at greater personal risk, and more exposed, than in traditional research. They can be seen potentially as 'loose cannons rocking the boat', with possible consequences for their careers in that organization.

Ethical dimensions of action research

Traditionally, ethics in research relies on considerations such as not doing harm, not breaching confidentiality, not distorting data, informed consent, honesty, and the right to withdraw (Coghlan & Brannick 2001, Winter & Munn-Giddings 2001). AR also takes place within this framework, but particular issues concerning the close relationship between researcher and participants, and the explicit aim of changing practice, make the ethical aspects of AR unique (Lathlean 1996).

Researchers and participants in AR need to be clear about, discuss and agree the answers to three important ethical questions in AR. These are, first: *If researcher and participants collaborate closely, how can confidentiality and anonymity be guaranteed?*

As AR is a political enterprise for the insider action researcher and participants, and has potential consequences for their careers, it is very difficult to guarantee confidentiality and anonymity: others in the organization will know who participated, and although data collection and analysis can be made confidential and anonymous, completely disguising data in finished reports and theses may be problematic (Lathlean 1996, Morton 1998, Webb *et al.* 1998). Lathlean (1996) argues that complete confidentiality and anonymity are sometimes inappropriate. For example, if her 'trainee ward sisters' were not suitable for the posts for which they were being prepared, this could not go unreported.

A second question is: *If an AR study is a 'journey' and 'evolves', how can informed consent be meaningful?*

As AR is a journey (Hope 1998), evolving through participation, reflection and purposeful action, it is unlikely that 'informed consent' is as meaningful as in other research approaches: neither researcher or participants know where the journey will take them in advance, and cannot fully know to what they are consenting. For example, in a randomized controlled trial, a research subject unhappy about the side-effects of a drug treatment could simply stop taking medication and leave the trial. Similarly, in a qualitative research interview, a participant unhappy with a researcher's questioning could stop the interview and leave the room. However, as in Lathlean's (1996) AR work, participants might refuse to complete a questionnaire but could not refuse to be observed at work; they had implicitly consented to

on-going involvement by taking up their 'trainee' posts, and withdrawal or sabotage might have severe consequences for their careers. Therefore, as Meyer (1993) argues, traditional concepts of informed consent are inadequate in AR, as consent involves participants' willingness to take part in the project and support the initial ideas for change. This is often not the case in AR, but it is particularly relevant, as change is frequently threatening and challenging, causing fear and anxiety. For Meyer, co-operation in AR is always to some degree *forced*, contradicting the ethos of willing collaboration.

Meyer (1993) also believes that it is unrealistic to expect the researcher to withdraw in the face of small pockets of opposition, particularly where a 'researcher' is in a full-time position. Kelly's (1989, p. 108) political vision was given priority over informed consent in her AR work: 'I am not arguing that the principle of informed consent should be abandoned: only that it should be viewed in combination with other ethical principles, not as the over-riding principle'; she considered that deception was justified as her study would have been compromised otherwise, but she did 'shelter' participants in her account of the work.

A third important question is: *As AR can have political consequences, how can the researcher avoid doing harm to the participants?* There are two potential responses to this question: the establishment of ethical codes for action researchers, and the extent to which the collaboration and negotiation that takes place in AR means that participants 'own' the findings as much as the researcher.

Hart and Bond (1995b) give examples of desirable ethical codes for AR. However, this approach is unlikely to be effective as practical and philosophical problems in the construction of such codes apply to AR just as they do to other nursing research. More useful than creating and adhering to guidelines for action researchers in nursing is the idea of professional morality (Williamson 2001). For example, the Royal College of Nursing (RCN 1998) guidelines on research ethics attempts to establish ethical principles for nursing research, but in practice are likely to be ineffective. May (1993) outlines how two ethical arguments, deontology and consequentialism, have influenced the establishment of ethical codes. A deontological position demands that research judgements be made according to universal, external rules, but clearly these cannot possibly encompass all situations and are inadequate as a guide to action (Seedhouse 1988). In AR, projects evolve collaboratively and require open dialogue between participants, meaning that such codes are particularly inappropriate. May (1993) contrasts a deontological with a consequentialist approach. The latter emphasizes the context or circumstances in which researchers find themselves, and is therefore a more useful approach for AR work where ethical issues are linked with real-world problems (Thompson *et al.* 1994). However, as Galliher (1973) argues, a rigid adherence to *any* ethical code, whether deontological or consequentialist, would seriously restrict the scope for action researchers, limiting the exercise of democratic accountability in the workplace and prohibiting participant-driven change.

Marks-Maran (1994) argues that in nursing more than other professions, 'caring' is a central feature. This is a moral concept, and should be central to research ethics for nurses. Caring bisects attempts to apply external principles, and ethical dilemmas in nursing research are answered by practitioners themselves. Therefore Marks-Maran, along with Galliher (1973) and Homan (1991), advocates professional morality as a superior guiding principle to ethical codes for nursing research. The concept of a professional morality is already well-established; nurses are accustomed to personal accountability for their practice (United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) 1992a, UKCC 1996). As they have a professional duty to 'act always in such a manner as to promote and safeguard the interests and well-being of patients and clients' (UKCC 1992b, p. 1), and all nursing practice including research operates within this regulatory framework, nurses acting unethically in a research capacity transgress against this existing framework. This is a better guarantee of appropriate behaviour for researchers in nursing than ethical codes. As Freshwater (2001, p. 790) states: 'research that is focused on practice and has its emphasis on engagement has a political and ethical agenda, which the practitioners can begin to articulate through a critical and reflexive dialogue with their own individual and professional morality'.

A second element to the question of safeguarding participants relates to the issue of collaborative working in AR. Arguably, in a fully collaborative project, researcher and participants have equal responsibility for the findings, and therefore the political and organizational consequences of the project. This is a useful idea when the researcher and participants are all 'insiders' and the project is genuinely collaborative. It is less useful when the researcher is an outsider, or external facilitator, who may 'project manage' the AR work before moving on. Here, the researcher must be clear that participants accept and verify the report so that any burden of responsibility is shared.

Carson *et al.* (1989) argue that if AR is truly collaborative, then the only way to resolve these issues is through mutual discussion and reflection, and they assert that the ethics of AR arise from its practice, resting on the ethical values of hope, openness, caring, negotiation and responsibility. Better

acknowledgement of the political realities of power relations in organizational life is made by Coghlan and Brannick (2001): as action researchers are potentially the key instigators and change agents, they have a duty to protect their co-researchers. They must therefore be willing to take professional and personal responsibility for obvious harm, and for the interpretation discussed in published work, and might legitimately 'shelter' less powerful or more vulnerable participants if required (Kelly 1989, Williamson & Prosser 2002).

Participation

The following personal reflections by one of us on the experience of participating in an AR project illustrates some of these issues (adapted from personal reflective diary entries during the project):

I (SP) had been in post for just over 12 months, when I was asked if I would be willing to participate in the project. During this 12 months I had been working hard to establish and develop my role. I had encountered many of the 'classic' problems of the Lecturer Practitioner (LP) role, as frequently described in the literature. The title of the research project, *Developing Lecturer Practitioner role using Action Research*, made me feel that the role was being valued by the organization and I looked forward to being able to 'make a difference' for future LPs.

As the AR project started to unfold it became clear that certain aspects of the research process were supportive and helpful in themselves. Focus groups and meetings with other LPs provided informal opportunities for networking with colleagues. The meetings enabled us to share ideas, difficulties and good practice.

I was asked to keep some form of reflective diary. Having overcome my initial 'block' against sitting and writing a structured reflection (although a reflective person, I do find the discipline of sitting and writing difficult), I found the exercise to be valuable and cathartic. The action plans that were developed at the end of each of the reflective episodes provided a useful tool to ensure that my own personal development was maintained, and that the 'day to day work' of being an LP did not become all-consuming.

There were times when the reflective writing became time-consuming and stressful, especially on occasions when I had lectures to prepare, an assignment to mark and a night shift to do! My time management skills were tested to the limit. It was not long, however, until I realized that my participation would not just entail writing a reflective diary and attending a few meetings. One of the aspects of the research that I had not anticipated was the amount of mental and emotional energy that would be required. This 'personal' energy is difficult to quantify, plan for, and therefore manage. Finding mental 'space' for the project whilst continuing to juggle the varying roles of the LP became the most challenging aspect of the research that I had to deal with.

At the outset of the research I was asked to give verbal consent to participating in the study. The project had been outlined and issues of confidentiality discussed. On reflection, the consent I gave was not 'informed'. How could it have been when neither I, nor the researcher (GRW), had a clear idea as to how the action research would develop? Issues of consent were also more complex than might first have been imagined. During the course of the research it became clear that the numbers of LPs employed by the organization were small. Often focus group interviews and meetings consisted of 8–12 people. Although anonymity was maintained by removing our names and any references to our specialist areas of work, it became obvious to me that as such a small group we were easily identifiable as a whole. For these reasons I felt that I became very 'visible' and 'identified' personally with the research, even though I had not actually been named.

Any participant in an AR project should also consider the issue of their personal confidentiality if they wish to share their experiences with others via publications or conference presentations. This is obviously a matter for the individual to decide, and anonymous authorship might be one solution.

I have likened my participation in the action research project to a journey. There have been times when the tide seemed to be working against us and the weather has certainly been changeable. It has, however, been an exciting and enlightening experience. I have gained valuable insight into the process of action research, gaining far more than I would ever have anticipated by reflecting and analysing the role of the LP. If such opportunity arises for others, I would advise them that they will require plenty of time and energy, and this is unlikely to be made explicit as even the researcher may not aware of the nature of the commitment. The political and ethical issues we have outlined here also need to be thoroughly explored by the participants and researcher from the outset. Despite these warnings I am sure that they would find the action research 'journey' extremely worthwhile.

Conclusion

Attempts at reconciling the ethical considerations referred to in this article are problematic: they exist in a tension that is mediated by the context in which the AR is taking place (Tickle 2001), and designing 'ethics' into AR is difficult (Morton 1998). This may account for the difficulties some researchers have had in securing continued collaboration with participants (Webb *et al.* 1998), and the fact that the AR literature contains such inconsistencies as exhorting

researchers to maintain scrupulous confidentiality, whilst at the same time making sure that there is openness in the disclosure of data to facilitate negotiation.

As AR is growing in popularity in health care and nursing, it would appear that many more nurses and other health care professionals will be 'exposed' to AR projects; a methodology containing significant areas of political dissonance and ethical ambiguity as a consequence of relying on collaborative and participatory working between researcher and participants. This 'closeness' is a strength in generating change and new knowledge in nursing, but it is also problematic, and we suggest that potential action researchers and participants attempt to clarify by discussion and negotiation how these three areas of political dissonance and three ethical questions are to be addressed in their work before they begin.

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METHODOLOGICAL ISSUES IN NURSING RESEARCH

Misrepresenting random sampling? A systematic review of research papers in the *Journal of Advanced Nursing*

Graham R. Williamson BA MA RGN
Senior Lecturer, Institute of Health Studies, University of Plymouth, Exeter, Devon, UK

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Correspondence:
Graham R Williamson,
Institute of Health Studies,
University of Plymouth,
Exeter Centre,
Earl Richards Road North,
Exeter,
Devon EX2 6AS,
UK.
E-mail: gwilliamson@plymouth.ac.uk

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Misrepresenting random sampling? A systematic review of research papers in the *Journal of Advanced Nursing*

Aim. This paper discusses the theoretical limitations of the use of random sampling and probability theory in the production of a significance level (or *P*-value) in nursing research. Potential alternatives, in the form of randomization tests, are proposed.

Background. Research papers in nursing, medicine and psychology frequently misrepresent their statistical findings, as the *P*-values reported assume random sampling. In this systematic review of studies published between January 1995 and June 2002 in the *Journal of Advanced Nursing*, 89 (68%) studies broke this assumption because they used convenience samples or entire populations. As a result, some of the findings may be questionable.

Discussion. The key ideas of random sampling and probability theory for statistical testing (for generating a *P*-value) are outlined. The result of a systematic review of research papers published in the *Journal of Advanced Nursing* is then presented, showing how frequently random sampling appears to have been misrepresented. Useful alternative techniques that might overcome these limitations are then discussed.

Review limitations. This review is limited in scope because it is applied to one journal, and so the findings cannot be generalized to other nursing journals or to nursing research in general. However, it is possible that other nursing journals are also publishing research articles based on the misrepresentation of random sampling. The review is also limited because in several of the articles the sampling method was not completely clearly stated, and in this circumstance a judgment has been made as to the sampling method employed, based on the indications given by author(s).

Conclusion. Quantitative researchers in nursing should be very careful that the statistical techniques they use are appropriate for the design and sampling methods of their studies. If the techniques they employ are not appropriate, they run the risk of misinterpreting findings by using inappropriate, unrepresentative and biased samples.

Keywords: randomization tests, statistics, *P*-values, nursing research, quantitative research, systematic review

Introduction

Research papers in nursing, medicine and psychology frequently use statistical testing incorrectly, as these techniques are based on various assumptions, particularly random sampling, which are broken by the studies. As a result, the findings may be questionable (Anthony 1996, 1999). Edgington (1995, p. 6) goes further, saying that random sampling is not achieved 'not just for the occasional experiment, but for virtually all experiments', as the researcher simply does not have enough time to draw truly random samples. Probability theory is also sometimes misrepresented, so that the entire population is assumed to be a random sample, and this effectively renders the findings meaningless (Lunneborg 2000, 2001).

This paper discusses theoretical limitations in the traditional use of statistical testing relying on random sampling and probability theory, and proposes a group of other techniques known as 'randomization' or 'permutation' tests as potential alternatives which can overcome the limitations imposed by non-random sampling. It is worth noting that there is no discussion of this issue amongst nursing researchers, and just one obscure reference in the wider nursing and allied health care literature advocating the use of randomization tests (Todman & Dugard 1999).

The paper begins by outlining the key ideas of random sampling and probability theory for statistical testing (for generating a *P*-value). Next, the results of a systematic review of the research papers published in the *Journal of Advanced Nursing* between January 1995 and June 2002 are presented, illustrating how random sampling has been misrepresented. Alternative, randomization or permutation techniques are then discussed, which may provide satisfactory replacements to 'traditional' techniques.

The paper concludes that quantitative researchers in nursing should be careful that the statistical techniques they use are appropriate for the design and sampling methods of their studies. If the techniques they employ are not appropriate, they run the risk of misinterpreting findings, and this may undermine their work as evidence for nursing practice (Anthony 1999, Dickinson 2002) by relying on the false assumption of random sampling.

Random sampling, probability theory and the *P*-value

When researchers quote *P*-values in their studies, what they are asserting is not that what they have found in their data is 'true' in the sense that it matches their assumptions or hypotheses; rather, it is the extent to which these findings can be generalized to the wider population from which their sample is drawn (Coolican 1999). It is traditional to set a level at which the findings are considered significant, and in social science and nursing research, this *P*-value is usually 0·05. This means that if more samples were drawn from the same population, then the same result as that in the first sample would be found in 95% of the subsequent samples. Putting it another way, the probability that the result in the test statistics occurred by chance is 0·05, or 5% (Anthony 1999), as the *P*-value represents the probability of obtaining a result at least as extreme as the one observed in the data, if the null hypothesis is true.

The principle underlying the assumption above is that of random sampling. This ensures that those people whose observations are included in any study represent a random sample of a larger population. This is essential, as determining statistical significance from statistical testing requires that each person in the study has an equal chance of inclusion when compared with any other person in the population, and the sample unit of analysis is thus deemed representative according to the laws of probability (Bryman & Cramer 2001). Therefore, a simple random sample (drawing names out of a hat, or using computer software to generate random numbers corresponding to code numbers assigned to potential research participants) is the 'gold standard' in sampling methodology. However, it is acceptable to modify random sampling in various ways to collect stratified samples reflecting elements in the population such as race or gender, or to take cluster samples from geographical locations (Coolican 1999). However, convenience samples are frequently used, but the people whose data are included by convenience sampling 'just happen to be the people you can get hold of' (Coolican 1999, p. 39). That convenience samples are also termed 'opportunity' (Coolican 1999), or 'accidental' samples (Atkinson 2000) illustrates how far from a true random sample based on appropriate principles they are. Convenience samples are a type of sample termed 'non-probability' (Atkinson 2000), which researchers then *assume* to be random samples. Thus, these samples are invalid for the purposes of representing a larger population, as they are likely to be unrepresentative and biased (Dickinson 2002). Surveying an entire population is another example of non-probability sampling, where all possible subjects are included in the data collection. This is frequently found in biology (Manly 1991), where a researcher may study all living examples of a species. The concept is relevant to nursing research where, for example, every patient with a particular condition, or every specialist nurse is included in the research design [as Pathmakanthan *et al.* (2001) did when surveying every nurse–endoscopist in

the United Kingdom (UK)]: there is no sense in which this is a random sample.

As Anthony (1999) and Edgington (1995) argue, inappropriate use of probability theory to produce a *P*-value means that inferential testing on non-random samples gives questionable results, as such statistical testing relies on the assumption that data come from a random sample of a larger population, when this is not the case. This might have potentially important dangers for practice if new findings are considered statistically significant when there are errors in the assumptions underlying the statistical tests. Anthony (1999, p. 217) states that 'if inferential tests are being completed then the results will be meaningless unless the samples have been selected appropriately, this usually involving some form of random selection'. It is possible, therefore, that statistically significant findings might be obtained based on inappropriate use of statistical tests, and that these might influence decision-making in clinical practice. For example, if a researcher was interested in finding out about patients' perceptions of the health promotion advice that they received from their family doctor service, a convenience sample of people attending a surgery on a specific day would over-represent those who were ill more often, and these patients' views on the health advice that they had received from the practice might also not be typical, because the sample was not a random one (Dickinson 2002). If the researcher concluded that the health promotion advice offered by this service was excellent, this finding would be incorrect because it is based on an inappropriate sample, and might miss the fact that the service was actually a poor one, requiring a change in practice.

Random sampling in the *Journal of Advanced Nursing*: a systematic review

As Anthony (1996) argues, there are frequent errors in the use of statistical techniques in nursing and medical journals. In his analysis of the use of a variety of statistical techniques in the *Journal of Advanced Nursing* between 1984 and 1994, he found that one-third of articles quoting parametric tests had in fact used these incorrectly, including Student's *t*-tests, Pearson correlations and analysis of variance (ANOVA). With Anthony's (1996) work as a precedent, the issue of random sampling in the *Journal of Advanced Nursing* (JAN) was systematically reviewed in order to find out whether the misrepresentation of random sampling was as widespread as other statistical problems. Also, Dickinson (2002) asserts that many articles submitted to JAN use inappropriate convenience samples, but she does not speculate about how many might gain publication. This review is intended to examine the extent of the problem in published studies. Other journals were not included in this systematic review, but the methods below could be used to review selected nursing journals in a larger study.

Systematic review process

All quantitative studies (surveys, experimental and quasi-experimental designs) published between January 1995 and June 2002 were identified, using *The Nursing Collection* on-line database and the search terms 'quantitative research' (249 citations), 'statistical analysis' (540 citations), and '*P*-values' (91 citations) as key words. When these three terms were combined using the 'OR' facility, they yielded a total of 817 citations. When limited to *Journal of Advanced Nursing*, this was reduced to 331. The abstracts and texts of these 331 were then scrutinized for relevance, and 200 were found to be not relevant (see Table 1).

The 'sampling' or 'study design' sections of the remaining 131 articles were then critically read with the following questions in mind:

- Is the sample a convenience sample, which is assumed to be a random sample?
- Is the sample an entire population, which is assumed to be a random sample?

Details of the studies included are given in Table 2.

Results of the systematic review

- Eighty-five (65%) studies were convenience samples (taken from populations such as a single hospital or ward).
- Four (3%) studies were entire populations (where the whole population was studied in some manner, usually denoted by a phrase such as 'all those in post were sent a questionnaire').

In total, then, between January 1995 and June 2002, 89 (68%) studies misrepresented their samples as random when in fact they were either convenience samples or entire populations. This leaves a total of only 42 (32%) studies using genuine random sampling, or some acceptable variant

Table 1 Criteria for exclusion of studies from the reviews (numbers excluded in brackets)

- Qualitative studies (49)
- Testing or developing a questionnaire or instrument rather than reporting primary research (19)
- Media or book reviews (27)
- Using factor analysis as an exploratory technique (4)
- Using, or reporting, descriptive statistics only (22)
- Systematic reviews or meta-analyses (4)
- Not primary research papers (63)
- Literature reviews (12)

Table 2 Details of studies included in the systematic review

Author(s) and year	*JAN* reference	Method and study design	Sampling
Spitzer *et al.* (2002)	38(4): 329–349	Questionnaire survey; nurses and health care change	R
Oliveira *et al.* (2002)	28(2): 180–189	Follow up study using BP measurement	R
Smith *et al.* (2002)	38(2): 152–160	Experimental study using questionnaire; counselling and inflammatory bowel disease	C
Chang *et al.* (2002)	38(1): 68–73	RCT; foot massage in labour	C
Edell-Gustaffson (2002)	37(5): 414–422	Interviews and questionnaires, in correlational and descriptive exploratory design	C
Farrell *et al.* (2002)	37(4): 387–393	A pilot, method comparison study of collecting urine specimens	C
Thoroddsen and Thorsteinsson (2002)	37(4): 372–381	Retrospective chart review	C
Delaney *et al.* (2002)	37(4): 364–371	Experimental study of back massage	C
Rickard *et al.* (2002)	37(4): 330–337	Randomized experimental laboratory study on giving set accuracy	R
Hattan *et al.* (2002)	37(2): 199–207	RCT: foot massage and relaxation	C
Smide *et al.* (2002)	37(2): 182–191	Cross-sectional; comparative study of glycaemic control and health	R
Leino-Kilpi *et al.* (2002)	37(2): 145–154	Questionnaire survey on mothers' postnatal privacy	R
Hendriksen and Harrison (2001)	36(6): 727–732	RCT of occupational therapy in A&E	C
Pathmakanthan *et al.* (2001)	36(5): 705–710	Questionnaire survey on about nurse endoscopists	EP
Vrijhoef *et al.* (2001)	36(4): 546–555	Non-equivalent control group study of management of diabetes	C
Chang and Wong (2001)	36(1): 32–40	Questionnaire survey: specialist roles in Hong Kong	R
Callaghan *et al.* (2001)	35(6): 812–818	Audit of A&E attenders	C
Hakamies-Blomqvist *et al.* (2001)	35(5): 709–716	Multicentre RCT on chemo. agents' impact on QoL	R
Sapountzi-Krepia *et al.* (2001)	35(5): 638–690	Semi-structured interview about body image	C
de Rond *et al.* (2001)	35(4): 590–598	Prepost test of pain monitoring using a questionnaire	R
Stordeur *et al.* (2001)	35(4): 533–542	Questionnaire survey on stress burnout and exhaustion	C
Chaboyer *et al.* (2001)	35(4): 526–532	Questionnaire survey on nurses' cohesion	R
Henderson and Zernike (2001)	35(5): 435–441	Questionnaire survey of surgical discharge information	C
Suet-Ching (2001)	35(2): 218–227	Questionnaire survey, correlational design; Hong Kong dialysis patients	C
Lloyd Jones *et al.* (2001)	35(2): 151–160	Questionnaire survey with student nurses	C
Toljamo and Hentinen (2001)	34(6): 780–786	Questionnaire survey on diabetics' glycaemic control	R
Long *et al.* (2001)	34(5): 611–620	Questionnaire survey; health visitors' parenting programmes	C
Leksell *et al.* (2001)	34(4): 511–519	Questionnaire survey; power amongst blind people	R
Polkki *et al.* (2001)	34(4): 483–492	Questionnaire survey; non-pharmacological pain relief in children	C
Moore (2001)	34(4): 475–482	RCT; pain relief in neonates	C
Bailey and Rose (2001)	34(4):465–474	Comparative descriptive study of temperature recording in preterm neonates	C
Kilfedder *et al.* (2001)	34(3): 383–396	Questionnaire survey of Scottish mental health nurses' burnout	R
Barr *et al.* (2001)	34(1): 117–127	Comparison study of the impact of severe mental illness registers	R
Al-Kandari *et al.* (2001)	34(1): 78–85	Questionnaire survey; drug abusers	C
Clarke and Cooper (2001)	34(1): 18–26	Questionnaire survey and prepost-test evaluation	R
Richardson *et al.* (2002)	33(6): 758–763	Questionnaire survey: diabetics' acceptance and coping	C
Chiu *et al.* (2001)	33(3): 380–386	Questionnaire survey; cost-effectiveness	R
Lalos *et al.* (2001)	33(3): 316–327	Physical examination. Postsurgery	C
Teasdale *et al.* (2001)	33(2): 216–224	Evaluation questionnaire study	R
Yoon and Horne (2001)	33(1): 51–59	Cross-sectional, descriptive questionnaire. Herbal and conventional medicines	R
Duke and Appleton (2000)	32(6): 1557–1568	Audit: student's' reflective skills	C
Clancy *et al.* (2000)	32(6): 1522–1532	Questionnaire survey; biological sciences' teaching	R
Harmon *et al.* (2000)	32(6): 1459–1466	Patient audit checklist of referrals	C
Hoyer and Horvat (2000)	32(5): 1158–1167	Correlational study: attitudes to breast feeding	C
Winterburn and Fraser (2000)	32(5): 1152–1157	RCT: postnatal stay and breast-feeding	C
Broughton and Thomson (2000)	32(4): 905–912	Questionnaire survey; learning disabled women's and cervical smears	C
Dowswell *et al.* (2000)	32(2): 445–453	Interview survey; child care responsibilities and CPD	C
de Lucio *et al.* (2000)	32(2): 425–431	RCT: communication skills	C
Davies (2000)	32(2): 318–326	Questionnaire survey; cardiac surgery	C

Table 2 (Continued)

Author(s) and year	*JAN* reference	Method and study design	Sampling
Sanden-Eriksson (2000)	31(6): 1393–1397	Questionnaire survey; type 2 diabetes	R
Karlsson *et al.* (2000)	31(6): 1383–1392	Questionnaire survey; quality of life after CABG	C
Dixon *et al.* (2000)	31(6): 1368–1375	Questionnaire survey; cardiac patients' recovery	R
Bengtson *et al.* (2000)	31(6): 1361–1367	Questionnaire survey; coronary revascularization	R
Barr (2000)	31(5): 1189–1198	Questionnaire-based interview, mental health services	R
Vanhanen and Janhonen (2000)	31(5): 1054–1062	Questionnaire survey; orientation to nursing	R
Lohrmann *et al.* (2000)	31(3): 696–703	Questionnaire survey; attitudes towards HIV	R
Arnetz and Arnetz (2000)	31(3): 668–680	Experimental design; violence at work programme	R
Tarkka *et al.* (2000)	31(1): 20–26	Questionnaire survey; mothers' child care	C
Bakken *et al.* (1999)	30(6): 1424–1431	Descriptive longitudinal; risk and AIDS	R
von Klitzing (1999)	30(5): 1213–1221	Interviews; reflective learning	C
Bowles and Young (1999)	30(4): 958–964	Questionnaire survey; supervision	C
Dawson *et al.* (1999)	30(4): 875–881	RCT. Questionnaire survey and interview; pain relief	C
Dahlman *et al.* (1999)	30(4): 866–874	Evaluation, questionnaire survey and interview; pain management	C
Chuk (1999)	30(4): 858–865	Questionnaire survey and vignette; IV morphine	C
Wright *et al.* (1999)	30(3): 552–563	Longitudinal descriptive comparative, interviews; Alzheimer's caregivers	C
Kettunen *et al.* (1999)	30(2): 479–488	Questionnaire survey; reactions post-MI	C
Hulme *et al.* (1999)	30(2): 460–468	RCT; foot massage	C
McDonald *et al.* (1999)	30(2): 425–430	Cross-sectional, questionnaire survey; nurses' perceptions	R
Carpenter *et al.* (1999)	29(6): 1402–1411	Interviews and questionnaire survey; breast cancer survivors	C
Watson *et al.* (1999)	29(5): 1228–1237	Longitudinal questionnaire survey; student nurses and caring	C
Edell-Gustafsson *et al.* (1999)	29(5): 1213–1220	Questionnaire survey and polysomograph recordings; sleep post-CABG	C
Chiu *et al.* (1999)	29(4): 1005–1012	Questionnaire survey; cost of dementia care	R
Lindop (1999)	29(4): 967–973	Comparative design, questionnaire survey; stress prepost-project 2000	C
Hayter (1999)	29(4): 894–993	Questionnaire survey and interviews; burn out and HIV nurses	C
Caris-Verhallen *et al.* (1999)	29(4): 808–818	Videotaped interactions	C
Salantera (1999)	29(3): 727–736	Questionnaire survey; nurses' attitudes to pain	C
Rustoen *et al.* (1999)	29(2): 490–498	Questionnaire survey; quality of life	R
Ambler *et al.* (1999)	29(2): 445–453	Experimental design; specialist cancer nurses	C
Heikkila *et al.* (1998a)	28(6): 1225–1235	Questionnaire survey; patients' fears	C
Smith (1998)	28(5): 1030–1039	Measurement of thermometer accuracy	C
Blackwood (1998)	28(5): 1020–1029	Questionnaire survey; nurses' perceptions	C
Cowman (1998)	28(4): 899–910	Comparative, questionnaire survey; student nurses' approaches to learning	EP
Heikkila *et al.* (1998b)	28(1): 54–62	Questionnaire survey; fear re: coronary arteriography	C
Turner *et al.* (1998)	28(1): 10–20	RCT; therapeutic touch	C
Hoyer and Pokorn (1998)	27(6): 1250–1256	Questionnaire survey; breast feeding	R
Lowe and Kerr (1998)	27(5): 1030–1033	Experimental design; students' reflection	C
Greenhalgh *et al.* (1998)	27(5): 927–932	Questionnaire survey; caring behaviours	C
Al-Kandari and Ogundeyin (1998)	27(5): 914–921	Questionnaire survey; quality of care	C
Kajermo *et al.* (1998)	27(4): 798–807	Questionnaire survey; research utilization	R
Rossiter *et al.* (1998)	27(3): 604–613	Questionnaire survey; attitudes towards nursing and English speaking	C
Ehrenfeld *et al.* (1998)	27(1): 171–178	Questionnaire survey; absorption into nursing	R
Gass (1998)	27(1): 83–90	Questionnaire survey; nurses' attitudes to ECT	C
Milisen *et al.* (1998)	27(1): 59–67	Descriptive prospective, MMSE; cognitive state and elderly hip fractures	C
Gibb *et al.* (1998)	27(1): 30–36	Questionnaire survey; abortion	C
McLaughlin (1997)	26(6): 1221–1228	Questionnaire survey, impact of theory on student nurses' attitudes	C
Willetts and Leff (1997)	26(6): 1125–1133	Questionnaire survey; schizophrenia	C
Elmstahl *et al.* (1997)	26(5): 851–855	Descriptive; dietary intake assessment	C
Tate (1997)	26(3): 542–549	Experimental design; peppermint oil	C
Thomson and Kohli (1997)	26(3): 507–514	Questionnaire survey; health promotion	R
Watts and Brooks (1997)	26(1): 85–92	Questionnaire survey; preop information in ICU	C
McSherry (1997)	25(5): 985–998	Questionnaire survey; attitudes towards research	C
Lodge *et al.* (1997)	25(5): 893–907	Cross-sectional questionnaire survey; patients' embarrassment	C
Williams *et al.* (1997)	25(4): 691–698	RCT, questionnaire; disseminating research evidence	R

Table 2 (Continued)

Author(s) and year	*JAN* reference	Method and study design	Sampling
Fallon *et al.* (1997)	25(3): 562–570	Questionnaire survey; quality of life	C
Almberg *et al.* (1997)	25(1): 109–116	Longitudinal questionnaire survey; burnout in dementia carers	C
Mackintosh and Bowles (1997)	25(1): 30–37	Questionnaire survey; nurse pain specialists	C
Montgomery and Santi (1996)	24(6): 1249–1256	Repeated measures questionnaire survey; self-concept	C
Kerr *et al.* (1996)	24(5): 938–942	RCT; children's sleep	C
Leinonen *et al.* (1996)	24(4): 843–852	Questionnaire survey; intraoperative nursing care	C
Koponen *et al.* (1996)	24(4): 727–735	Telephone interviews; access to community nursing	R
Cowman (1996)	24(3): 625–632	Questionnaire survey; students evaluation	EP
Brocklehurst and Butterworth (1996)	24(3): 488–497	Multi-method survey; good practice in HIV care	R
Whittington *et al.* (1996)	24(2): 326–333	Questionnaire survey; violence in the workplace	C
Boumans and Landeweerd (1996)	24(1): 16–23	Experimental design; questionnaires	C
Kenney (1996)	23(6): 1221–1227	Cross-sectional analysis; HPV	R
Harri (1996)	23(6): 1098–1109	Questionnaire survey; nurse educators	R
Houltram (1996)	23(6): 1089–1097	Quasi-experimental design, students' academic performance	EP
Bucknall and Thomas (1996)	23(3): 571–577	Correlational, Questionnaire survey; nurses in critical care	R
Whittle and Goldenberg (1996)	23(2): 220–227	Questionnaire survey; functional health status	C
Humphreys (1996)	23(1): 160–170	Interviews; nurse executives' views	C
Yeaw (1996)	23(1): 55–61	Quasi-experimental repeated measures cross-over; oxygenation	C
Morrison and Lehane (1995)	22(6): 1193–1202	Records review; staffing levels and seclusion	C
Kirby and Pollock (1995)	22(5): 862–867	Questionnaire survey; secure environments and stress	C
Spitzer *et al.* (1995)	22(5): 850–854	Correlations and modelling, questionnaire survey; social support	R
Walsh (1995)	22(4): 694–699	Interviews, correlations; health beliefs and A&E	C
Molassiotis *et al.* (1995)	22(3): 509–516	Questionnaire survey; quality of life postbone marrow transplantation	C
Younger *et al.* (1995)	22(2): 294–299	Correlational questionnaire survey; health locus of control and cardiac rehabilitation	C
Shuldham *et al.* (1995)	22(1): 87–93	Correlational, questionnaire survey; assessment of anxiety	R
Ridley *et al.* (1995)	22(1): 58–65	Prepost test, questionnaire survey	C
Brewer and Lok (1995)	21(4): 789–799	Correlational, questionnaire survey; managerial strategy and nursing commitment	R
Vasiliadou *et al.* (1995)	21(1): 125–130	Questionnaire survey; back pain	C

R, random sampling; C, convenience sampling; EP, entire population.

of random sampling such as cluster sampling or stratified random sampling.

Review limitations

This review is limited in scope because it is applied to one journal, and so the findings cannot be generalized to other nursing journals or to the entire field of nursing research. However, it might be that other nursing journals are also publishing research articles based on the misrepresentation of random sampling. The review is also limited because in several of the articles the sampling method was not clearly stated, and in this case a judgment was made as to the sampling method that employed, based on the indications given by author(s).

Even so, it is valid to conclude from this review that there is widespread inappropriate use of the principles of probability theory in statistical testing in the research studies reported in the *Journal of Advanced Nursing*, as a result of the misrepresentation of random sampling. However, there is a group of alternative approaches which offer valid and robust statistical findings without violating the traditional assumptions of random sampling. These randomization and permutation tests will now be discussed, and the most easily available forms can be obtained using Statistics Package for the Social Sciences (SPSS) for Windows release 10·1, and above. [For a full discussion of other randomization techniques, see Manly (1991), and Edgington (1995).]

Randomization and permutation tests

Lunneborg (2001) suggests that randomization and permutation tests are an appropriate solution to this problem of misrepresentation of convenience samples as random samples, while Manly (1991) argues that they are appropriate alternatives where entire populations are encountered. These techniques allow the observations collected to be randomly re-ordered and compared with the original observations so

What is already known about this topic

- Errors are frequently made in the use of statistical methods in research papers in nursing, medicine and psychology journals.
- As a result, there is a danger that findings might be misinterpreted, with implications for clinical practice.

What this paper adds

- Where researchers use small numbers and convenience samples, randomization techniques may be more appropriate to generate measures of statistical significance than 'traditional' *P*-values, because they do not rely on the assumption of random sampling.
- This would allow readers of research papers to be confident that the assumption of random sampling was not broken in the presentation of research findings.

that inferences are drawn about these data, rather than assuming that the observations are drawn from a larger sample when in reality this is not the case. Randomization tests can be used to 'check' parametric tests, as they have been found to give similar results. However, for Edgington (1995) they are more usefully conceptualized as a means of overcoming assumptions about the nature of the data concerning random sampling and, he argues, statistical tests' *P*-values are valid only to the extent that they correspond to the randomization version. Indeed, *P*-values for statistical tests on non-randomly sampled data are meaningless, but those derived from randomization tests hold for any data, however collected (Edgington 1995). As Manly (1991, p. 32) puts it, 'where there are non-random samples, there is some evidence to suggest that randomization tests have more power than classical tests'.

There is some disagreement in the literature about the definitions used. The terms 'randomization' and 'permutation' are used interchangeably by Manly (1991), while Edgington (1995) uses 'permutation tests' to refer to any test in a general class of tests involving random re-ordering, and 'randomization' to denote the random allocation of subjects in a natural population in order to observe treatment effects. Regardless of the terminology used, the inferences drawn relate only to the sample under study, meaning that generalizing from such findings is based on scientific or theoretical inference rather than strict statistical inference.

Randomization techniques are also particularly useful where there are small numbers in the sample, and the power of statistical tests would otherwise be compromised (Edgington 1995, Todman & Dugard 1999).

Exact and Monte Carlo tests on the personal computer

Until comparatively recently, the power of personal computers was insufficient to allow for the use of randomization tests and this undoubtedly limited their use, as the calculations are, apparently, time-consuming (Manly 1991, Edgington 1995). SPSS release 10·1, and subsequent releases contain an option to generate *exact* and *Monte Carlo* tests. *Exact* tests are so-called because they provide an exact reference distribution for the population, so that the *P*-value generated is an exact measure of the statistical significance of effects in this population, rather than the approximation to a larger population. Where there are larger numbers, some personal computers can run short of memory, and a *Monte Carlo* test provides a satisfactory approximation of the *exact* test by using a number of re-randomizations where the test statistic is assessed 'by comparing it with a sample of test statistics obtained by generating random samples using some assured mode' (Manly 1991, p. 21). *Monte Carlo* techniques have been found to be size-sensitive and powerful, particularly with small numbers (Dufour & Khalaf 2000).

Conclusion

There are concerns about the use of statistical approaches relying on the application of probability theory and random sampling to generate a measure of statistical significance (*P*-value) when the intention is to allow the findings from quantitative studies to be generalized from samples to a larger population. This issue has gone virtually unremarked in nursing research. The misrepresentation of non-probability sampling as random sampling has important implications for nursing research. There is the potential for errors inherent in breaking this assumption, as the samples from which findings are drawn are possibly non-representative and biased. Arguably, the use of randomization and permutation tests can remove this technical flaw, and might strengthen the claims of future studies to be robust evidence for nursing practice.

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